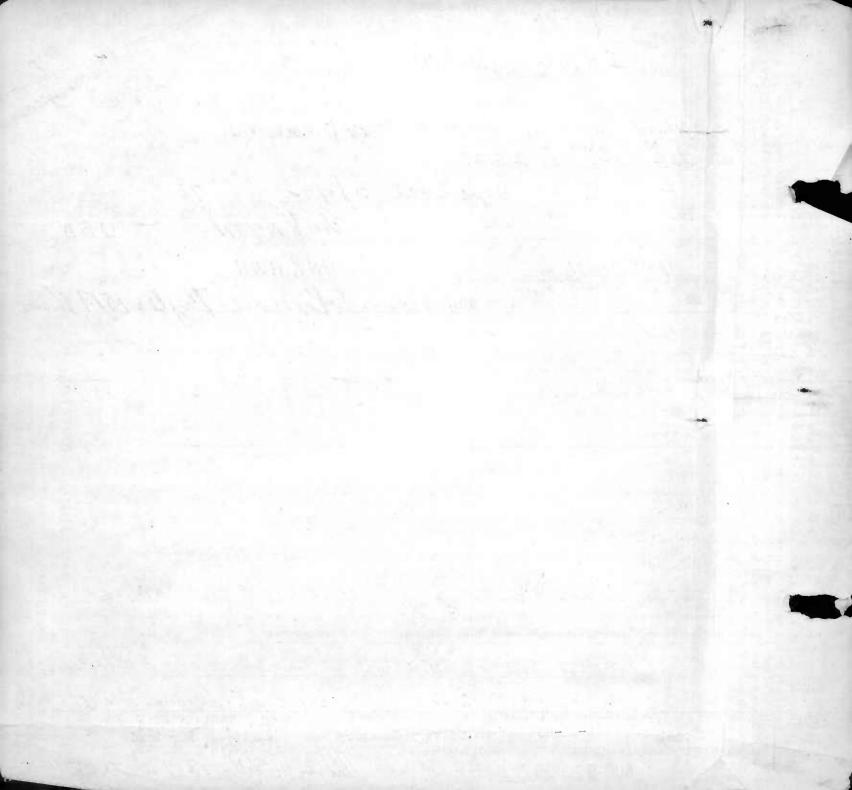
FUNERAL DIRECTOR: IMPORTANT

= 66.08501	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
NA NO.	CERTIFICA	TE OF DEATH	Registered Na	<u>bb U8501</u>
N.E. CASE NO. NAME OF DECEASED Type or Print) TRMA CO	orbin	2. DATE AN	D HOUR OF DEATH	4000
FULL NAME OF (If not in hospital or institution, groddress or location) INSTITUTION LINCOIN MEMORIAL NUM 21 N CAREY ST,	ve street sing Home	C. CITT OR TOWN (If out	TI no Wo	stitution: residence before admission) August 1 LURAL offic give township?
Baltimore, Md, 2/22	.3		2.400.4	
F C Sep	DEVATED (specify)	5/6/96	9. AGE (In years lost birthdoy)	ff Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF Identified most of working tite, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0071
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	UN KNOW	N	ADDRESS
NO	214-18-9942-	ASTEMA	n Baye	1 1519 Jenna
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	DEATH 210 H	EMORRHA	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death,)	DUE TO	,	D	
ANTECEDENT CAUSES	(B) DUE TO	PERTENSIVE (ANDIOVASC	LAL YISETEC
UNDERLYING CONDITIONS, if any, giving the UNDERLYING CONDITION last.	(C)		w	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in , farm, factory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(tf in Baltimore	City, give exoct locotion)
21D. TIME (Month) (Day) (Year) (Hour) 21E, I OF INJURY (APPROX.) White		21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this haspital) attended the		7/28/66	9ta	18/68 19
that (1) (we) last saw the deceased alive an and haur and from the causes stated above. (1)	(We) (did) (did nat) v		at in(my) (aur) api	nian death occurred an the date
23A. SIGNATURE		nding Med.	Staff Phys.	238. DATE SIGNED 8 /21/66
23C. PHYSICIAN'S NAME (Type) HELLIS SELAH		35. ADDRESS	ri sans) ilses	e, Bette mid
PEMOVAL (Specify)	ME of CEMETERY OF CRE	318	Snowhill R	ty, town, or county) (State)
Burial 8-22-66 Mt	Calvary Come	25C-FUNERAL DIRECTOR	oklyn, Mary	
AUG 23 1966 (P.C.)	+ E Falkema	Charles W. St	Ul 13/7	W. Karthaue
VS 150-REV 1/1/65				47500



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

REPRESENT CHANGED LOATS

MARKET AND : 1

Union Memorial Hosp BALTIMERE

3534 Packe St.

20-3-11

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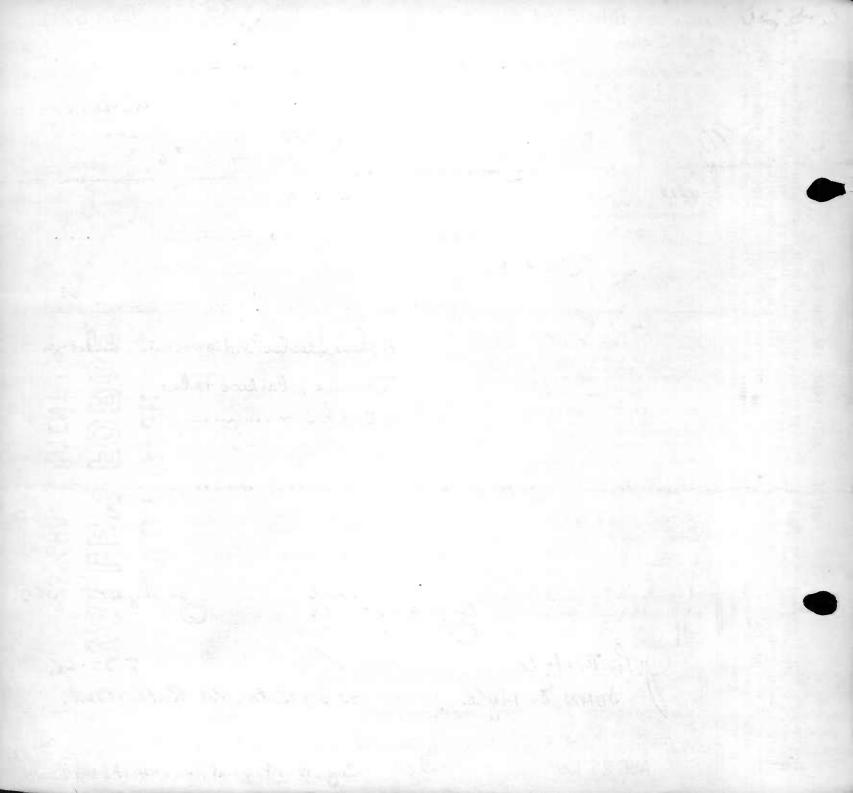
LINA BURIE HARPEY LOLTS

180

2 - 2 - 1/- 7'A - ^ ^



	CC OCEO	A	BALTIMORE CIT	Y HEALTH DEPARTMENT		GG DOEDA
BIRTH NO.	66 0850	4	CERTIFICA	ATE OF DEATH	Registered No	66 08504
M.E. CASE NO.	CEASED				D HOUR OF DEATH	
Type or Print)		C T				
3. PLACE OF D	EATH IN BALTIMORE, MA	es C. Lance	<u>,</u>	8-	- 20- 1966	titutian: residence belare admissio
				A. STATE B. COUNT	Y deceased lived. If his	Middle residence beidle damissio
FULL NAME	OF (It not in haspital	or institution, give str	eet	Md.		15000
HOSPITAL OR	address or lacotio	n)		C. CITY OR TOWN (If outs	side city limits, write Rl	URAL and give township)
^	1 220			Baltimore		03-00
	Gould Con			D. STREET ADDRESS (If re	ural, give lacation)	
	6611	elair Road		6921 Beech Av	venue 76	
. SEX	6. RACE	7. MARRIED, NEVER	MARRIED	B. DATE OF BIRTH 9	AGE (In years	Il Under 1 Yr. , If Under 24 H
Female	White	WIDOWED, DIVO			ast birthday)	Months Days Hours Min.
OA. USUAL OCO		Widowe	ESS OR INDUSTR	10-28-1879 Y 11. BIRTHPLACE (State or foreig	n country) 86	12, CITIZEN OF
lane during most a	of warking life, even it retired)			The section of the se	, edomiy,	WHAT COUNTRY?
Hous	sewife	Housewi	fe	Baltimore, Ma	rvland	U.S.A
3. FATHER'S NA				14. MOTHER'S MAIDEN NAM	1E	
	Domini	ck Eberle		Address	222	
5. Was Deces	ed Ever in U. S. Armed Fo		CLAL	17. INFORMANT	Ella Eberle	ADDRESS
Yes, na ar unknaw	(Il yes, give war ar date		CURITY NO.	*** INFORMANT		ADDRESS 36
No	10.00	21	7-32-9757	I Mr Herbert N.	Lance 6027	0 2 22 4
18. //	9.1			OF DEATH	TELLOR DAST	INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY	0	0 10 0	1	ONSET AND DEATH
0.002	LEADING TO DEATH		A	then & dente Co	waterdance	el water
(This does	not meon the mode of	dying, e.g.,	DUE TO	1,000 Accorded to	120000 0 13 00	The second of th
	e, osthenio, etc. It means emplication which coused				~	
injuly of co			V	Donne - Card	iac tallus	
	ANTECEDENT CAUSES		DUE TO	1	***************************************	***************************************
	OR CONDITIONS, if			Pene 1000 800	16.	
	he obove couse (A)	sloting the	(C)		7	
01.02.1.1						
Z OTHER SIGN		CALTRIBUTING				THE STATE
E TO THE	VIFICANT CONDITIONS (DEATH BUT NOT REL	TED TO THE				
A DISEASE OF	R CONDITION CAUSING		0.000	1204	000	
19A. DATE C	OF OPERATION 198. CON	DITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes ar Na)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING	21B. PLACE	OF INJURY le.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct location)
▼ DEATH Inotil	fy medical examiner)	etc.)	,,, anoug			
D 21D. TIME	(Month) (Day) Year)	Hour) 21E INJUR	RY OCCURRED	21F. HOW DID INJU	IRY OCCIL9?	
S OF INJURY	1207	While At	Not Wh		KI OCCUR:	
(APPROX.)		Work	At Work			
22. I certif	y that (1) (this hospita) attended the dec	eased from	1956 19	9 10 20 6	August 1060
			get 1	***************************************		J. I.Y.
	e) last saw the decease		(1)		T In (my) (our) opini	ion death occurred on the de
		red above. (I) ((We)	(did) (did not)	view the body ofter death.		
23A. SIGNAT	URE					23 B, DATE SIGNED
	MITAN C. Hr	11	M.D. At	tending Med. Director P	Stoff	8.22.66
23C. PHYSICI	ANS	4	rn	23D. ADDRESS	Phy s.	0 0 0
NAME	Туре)	111			.010	10-11-1
/	JUHN C	. Ityle	M.D	7527 / Sila	utel Da	exi36 mel.
4A. BURIAL CR		240 NAME OF	CEMETERY or C	REMATORY 24D. LO	CATION City	, tawn, ar caunty) State)
REMOVAL		244				>
Buria		966 Most F	loly Reder	emer Cemetery Bal-	timore. Cit	y Md,
JA. DATE REC'I	ALIC OO SOCC			25C. FUNERAL DIRECTOR	- 1	ADDRESS
	AUG 23 1966	Colored F.	tarbey MA	Lagoratinatus	besof Home 1	1401 Bolan Road
/S 150-REV. 1/1	/65	a test	and the	9 3 mg		



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MEDIC.

CC OSEGE	BALTIMORE CITY	HEALTH DEPARTMENT		CC DOFOR
BIRTH NO. 66 08505	CEDTIEICA	TE OF DEATH	Registered No.	00 08305
M.E. CASE NO.	CLKIIIICA	IL OF DEATH		
(Type or Print) & ED J. SHEP	PARD	1 /1	NO HOUR OF DEATH	66 1: 40 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	deceased lived. If instit	ution: residence before admission)
FULL NAME OF (If not in haspital or institution, give oddress or location) INSTITUTION A RALLIMME		C. CITY OR TOWN (If ou	otside city limits, write RUR	2 4 0 4 AL ond give lownship
3 John Course			BRE	
General Hospital		D. STREET ADDRESS (III)	fac (CSO)	. 5t.
101	OIVORGED (specify)	7/11/07	9. AGE (In years last birthdoy)	f Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	1. BIRTHPLACE (State or fore	ign country)	2. CITIZEN OF
dane during most of working life, even if refired) Operate Dox	Coi	Batto. 1	Md	United States
William Shipard (a	(ec)	4. MOTHER'S MAIDEN NA Annie	R. Clardy	
15. Was Deceased Ever in U. S. Armed Farces? 16	- SOCIAL	7. INFORMANT	111010101	ADDRESS
(Yes, no or unknown) (III yes, give War or dates af service)	SECURITY NO.	Margaket Sp	lepard ;	1612 Jacken of. Balta. A.
18. 5 /8 /1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	B	lead Joss	. Marked	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	• / /		
ANTECEDENT CAUSES	(B) DUE TO	octenialtestin	Al Dech	//
DISEASES OR CONDITIONS, if ony, giving	40	12/10/10/10-1/N	A - peregin	9

(This do heort foil injuly of DISEASE obove couse (A) UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE

TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes for No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact lacotion) DEATH (natify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Nat While (APPROX.) Work At Wark

22. I certify that (1) (this haspital) attended the decessed from that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date

and haur and from the causes stated above. (1) (We) (did) (did not) view the hady after death

	//	, ()	-,	•
Longalo A	Juscena J.	M.D. Attending Phys.	Med.	Staff Phys.

23C. PHYSICIANS

23D. ADDRESS

238, DATE SIGNED

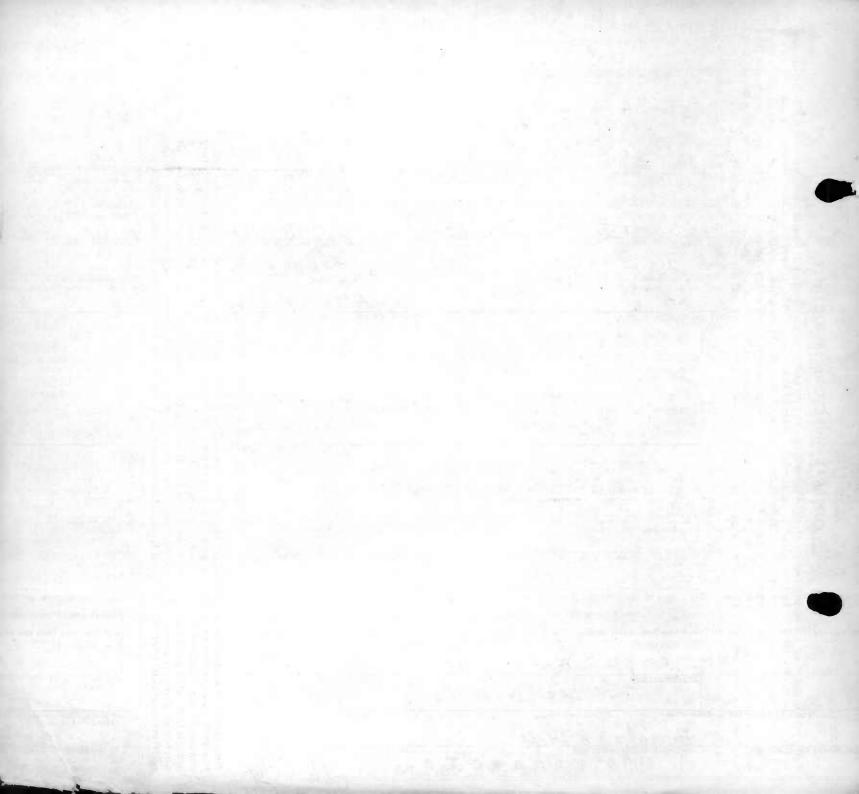
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(State)

VS 150-REV. 1/1/65

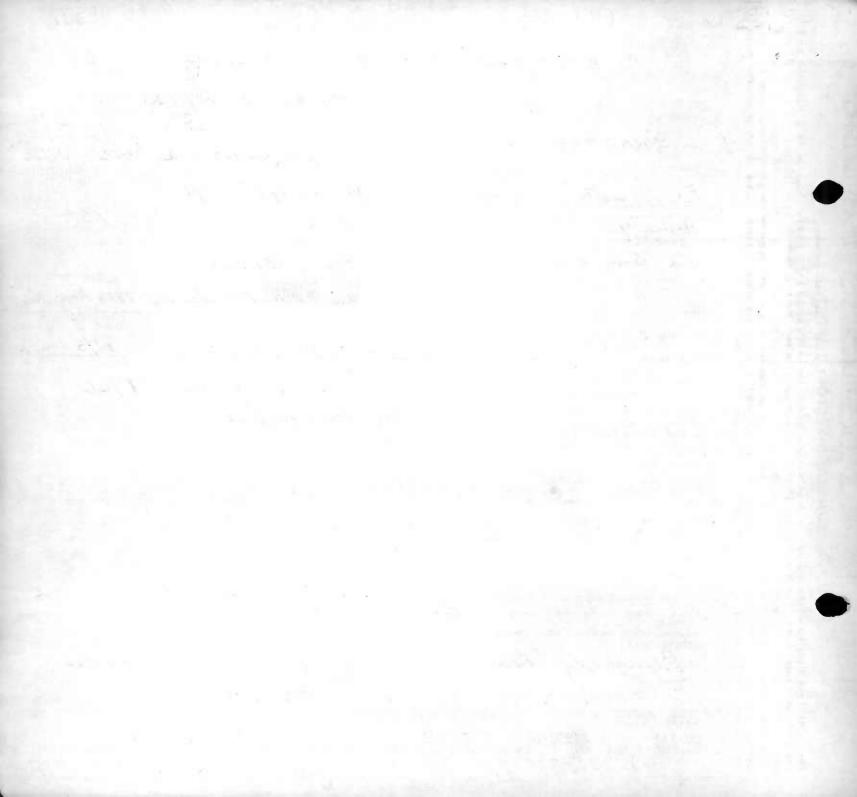
25C, FUNERAL DIRECTO

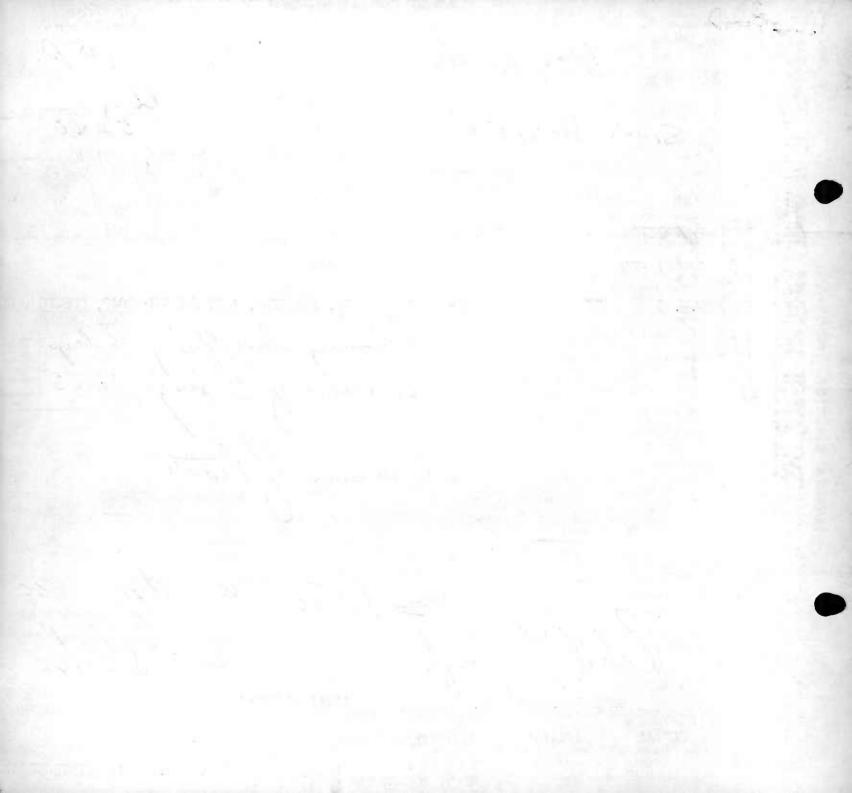


1	66	08506		BALTIMORE CITY HEAL	TH DEPARTMENT		66 08506
3-530	BIRTH NO. M.E. CASE NO.	ME	DICAL EX	CAMINER'S CI	ERTIFICATE OF	DEATH Registe	
	1. NAME OF DEG		PH JANDA			nd hour pronounce 1st 19, 1966	
		TIMORE, MARYLAND,			4. USUAL RESIDENCE (Where A. STATE Maryland	deceased lived, If ins B. COL	titutian: residence befare odmissian)
	HOSPITAL OR	(IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITU CATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outsin		e RURAL ond give township)
		2423 E. La	Fayette A	venue	D. STREET ADDRESS (If rural		enue
	5. sex Male	6. RACE White		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH May 21, 1892	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days Haurs, Min.
		UPATION (Give kind of working life, even if retire	wark TOB. KIND OF	Electric (o.	11. BIRTHPLACE (State or forei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Joseph	h Janda			14. MOTHER'S MAIDEN NAM	Soukup	
	(Yes, na or unknown	O EVER IN U.S. ARM (If yes, give war or o	dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	- 1914 Nort	hhounna Pd
	(This daes	SE OR CONDITION LEADING TO DEA not mean the mode , asthenia, etc. It me mplication which caus	af dying, e.g., ans the disease,		of DEATH osclerotic heart		INTERVAL BETWEEN ONSET AND DEATH
	DISEASES RISE TO TH	ANTECENDENT CAI OR CONDITIONS, I E ABOVE CAUSE (A' NG CONDITION LA:	F ANY, GIVING	(B) DUE TO			
	O THE	NIFICANT CONDITIO DEATH BUT NOT R CONDITION CAUS	RELATED TO T	HE			
		WAS	PERFORMED	WHICH OPERATION	Yes Yes	IN SETTING CAU	SES OF DEATH?
	UNDERLYING CAU	CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B, hame etc.)	PLACE OF INJURY (e.g., , farm, factary, street, c	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City, g	ive exact lacation)
	21D TIME OF INJURY (APPROX.)	(Manth) (Day) (v	VHILE AT NOT AT W	21F. HOW DID INJ	URY OCCUR?	
		tify that I held on Ited from: Naturol	Inquiry _			nis bosis, death in i	
	ACTUA SIGNAT EXAMIN	URE Char	le S.	M.D.	CHIEF MEDICAL E ASSISTANT MEDICAL E ASSOCIATE MEDICAL E	XAMINER X	DATE SIGNED
	23A. BURIAL CRE REMOVAL (Specif	MATION, 238 DATE	23	C. NAME of CEMETERY o			, tawn, or county) (State)
	Burial 24A. DATE REC'D	8-23 BY HEALTH DEPT.	24B. NAME	Holy Redeeme	en Cemetery [24C. FUNERAL DIRECTO	Baltimore, M	laryland ADDRESS
		106 23 196	6 Polices	E. Farboina	John C. Mille	er Inc-6415	Belair Rd21206

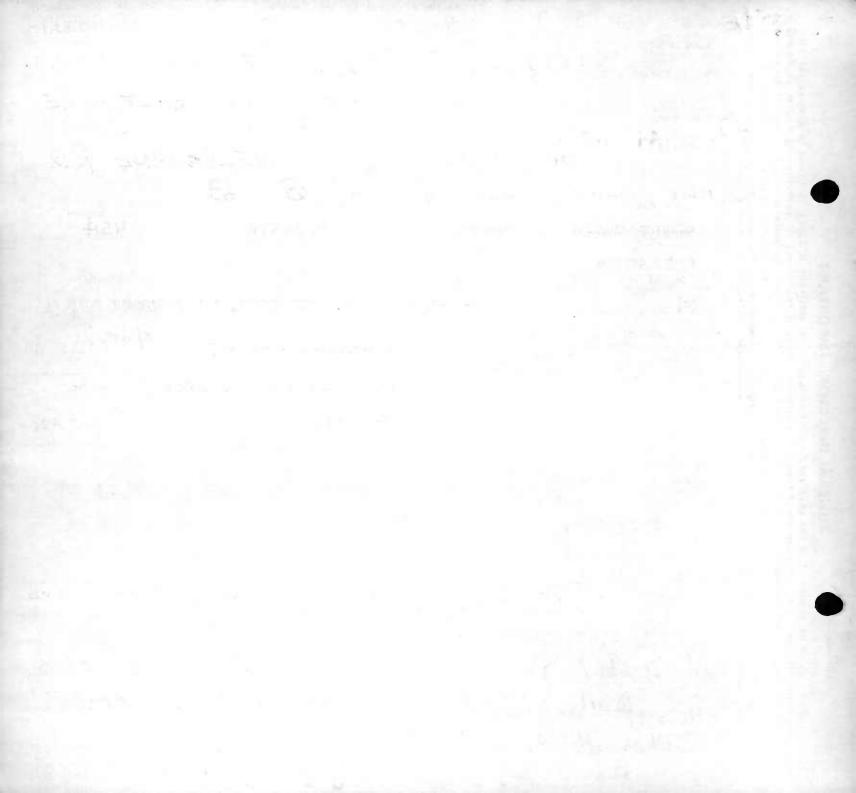
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT





	1RTH NO. 66 08509		TE OF DEATH	Registered No.	66 08500
7	A.E. CASE NO.	CERTIFICA	TE OF DEATH		00 00000
	Type or Print) PLACE OF DEATH IN BALTIMORE, MARYLAND	R, JEK	RYB.	8/20/66 e deceosed lived. If instit	7:25 HM.
4	FULL NAME OF (If not in hospital or institut oddress or location) INSTITUTION		MARYLA	~ .	(AL ond give township)
	SINAL HOSPITAL		D. STREET ADDRESS (III	rurol, give location)	21-20
	SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	f Under 1 Yr. If Under 24 Hrs.
	WIDO	WED, DIVORCED (specify)	5/6/03	lost binham	2. CITIZEN OF
	one during most of working life, even if retired)		Russi		WHAT COUNTRY?
1	SERVICE MANAGER 3. FATHER'S NAME	FURNITURE	14. MOTHER'S MAIDEN NA		d 3/4
	MAYER STOLER		ANNA	?	
	5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(es,no or unknown) (If yes, give wor or dates of servi		UDO VITT OTA	TO 2246 00T	
ŀ	18.	2 14-20-1695	MRS. KATE STO	LER, 3318 SHE	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) C	ARDIAC AR	REST	1147125 An
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		и и и и и и и и и и и и и и и и и и и	· · · · · · · · · · · · · · · · · · ·	
	injury ar complication which caused death.)		YOCARDIAL	MESSET	12 hrs
	ANTECEDENT CAUSES	DUE TO	10 < 11 < 17 1110	11/1/1/1/01	
	DISEASES OR CONDITIONS, if ony, ginise to the obove couse (A) stoling UNDERLYING CONDITION lost.		ASHD		9 465 1130
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	21B. PLACE OF INJURY (e.g., i home, lorm, loctory, street, o etc.)	n or about 21 C. WHERE DID liftice bldg., INJURY OCCUR?	(II in Baltimore C	ity, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)	While At Work Not While At Work			,
	22. I certify that (1) (this hospital) attend	ed the deceased from	8/19	19 66 10 5	120 1966
	that (1) (we) last sow the deceased alive and haur and from the causes stated above		19 6 6 and th	- / /	n death occurred on the dote
	23A., SIGNATURE	e. (I) (We) (did not)	view the body after death.		B, DATE SIGNED
	1 6481 1 5027	M.D. Att	ending Med. Director	Stall	0/70/16
	236-PHYSICIAN'S		23D. ADDRESS	rnys	3/20/00
	NAME (Type)	OTT M.D.	SINAI A	10512.01	= BALT
1	4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CR	EMATORY 24D. L	CATION (City,	town, or county) (State)
	BURIAL 8/21/66	ANSHE NESNIA	1 7 7	BALTIMORE, M	IARYLAND
	SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		B. E. Farley M. A.	ISOL LEVINSON	& BROS. INC.,	6010 REISTERSTOW
1	S 150-REV. 1/1/65	a star ship ships		1	



DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. II means the disease, injury ar camplicotian which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last.	If Under 24 Hours Min
Type or Pant) S. PLACE OF DEATH IN BALTIMORE, MARYLAND 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR Oddress or locotion) INSTITUTION S. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR Oddress or locotion) INSTITUTION S. STATE B. COUNTY MAY LAND C. CITY OR TOWN (If outside city limits, wrife RURAL and give to Balt Image), Md. D. STREET ADDRESS (If root), give locotion) S. SEX O. RACE WIDOVED, DIVORCED (specify) WIDOVED, DIVORCE	If Under 24 Hours Min NTRY?
FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give to deduce of the hospital or institution, give street HOSPITAL OR (If not in hospital or institution, give hospital give	If Under 24 Hours Min NTRY?
5. SEX 6. RACE MIDOWED, DIVORCED (specify) WIDOWED, DIVORC	NTRY?
WIDOWED, DIVORCED (specify) WHAT COULTED (specify) WHAT COULTED (specify) WHAT COULTED (specify) WHAT COULTED (specific property) WHAT COULTED (specif	NTRY?
10. USUAL OCCUPATION (Give kind of work) done during most of working life, even if relired) Retired Nerchant 11. BIRTHPLACE State of foreign country) Werchant 12. CITIZEN OF WHAT COUNTY WERCHANT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah? 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head foilure, asthenio, etc. II means the disease, injury or camplicotion which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last. 10. SOCIAL SECURITY NO. 11. INFORMANT ADDRE (A) Hem ov have (B) Post - prostatectomy hemorrhage 30. (C) UNDERLYING CONDITION last.	ss venue
Rubin Greenstein 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. II means the disease, injury ar camplicolian which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) staling the UNDERLYING CONDITION last. Sarah? 17. INFORMANT Miss Lila Greenstein-3617 Marmon Au (A) Hem over have (A) Hem over have (B) Post-prostatectomy hemoverhave 30 (C) UNDERLYING CONDITION last.	L BETWEEN
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 18. O	L BETWEEN
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 18. O	L BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenio, etc. II means the disease, injury ar camplicotian which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) staling the UNDERLYING CONDITION last.	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heatl failure, asthenio, etc. II means the disease, injury ar camplicolian which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) staling the UNDERLYING CONDITION last. (A) Hemovrhage 30 DUE TO (B) Post-prostatectomy hemorrhage 30 (C) UNDERLYING CONDITION last.	
hearl failure, asthenio, etc. II means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last. (B) Post-prostatectomy hemorrhage 30 DUE TO	days
	days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Gastric ulcer and hemorrhage My pernephroma of Left kidney	
198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDER TO 127 66 WAS PERFORMED LY DE TOPHY NO	ERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21B. PLÂCE OF INJURY (Åg., in or about 21C. WHERE DID have, form, foctory, street, office bldg., INJURY OCCUR?	ocotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Not While At Work 21E. INJURY OCCUR?	
22. I certify that (Mithis haspital) attended the deceased from 7,24 1966 to 8,20 that (Mithight) (our) apinion deoth accurately (we) last sow the deceased alive an 8,20 19 6 and that in (my) (our) apinion deoth accurately	rred on the
ond haur and fram the causes stoted abave. (W (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Stall Phys. Phys. 23B. DATE SIGNE 8/2c	
23C. PHYSICIANO Stephen P- Cohen M.D. Sinas Mospital of Baltimore	
REMOVAL (Specily)) (Sto
Burial Aug. 21/66 Mikro Kodesh Beth Israel Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 26C. FUNERAL DIRECTOR ADE SOL Levinson & Bros, Inc. 6010 Reis	

death.

prior to

3.

RTH NO.	66 08511	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	bb 118511
Pe or Print ST	STER M. JANE G.		and hour of death
PLACE OF DEATH	IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (VA. STATE B. CO	G. 19, 1966 Note: A serious se
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institution, g address or location)	C. CITY OR TOWN (IF	outside city limits, write RURAL and give loynship)
5712	ROLAND AVE.		(If rurol, give locotion)
SEX 6.	RACE 7. MARRIED,		9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.

BHALLE	WHITE	SINGLE	7/8/1880	86	Months Doys Hours M
e during most of v	vorking life, even if retired)	10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or forei	,	12. CITIZEN OF WHAT COUNTRY?
PETER	GARRIGAN		MARY AGNE		
Wos Deceosed s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	s of service) SECURITY NO.	SR. ANGELIA 5		ADDRESS
(This does not heart foilure,	E OR CONDITION DII LEADING TO DEATH of mean the mode of asthenia, etc. If means plication which caused	RECTLY dying, e.g., The disease,	IMPHOSARCOMA		INTERVAL BETWEEN ONSET AND DEATH
DISEASES O	ANTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION last.	(B)DUE TO			
TO THE DE	FICANT CONDITIONS CEATH BUT NOT RELACED TO THE CONDITION CAUSING	TED TO THE			
19A-DATE OF	OPERATION 198. CON WAS PER	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF medical examiner	21B. PLACE OF INJURY (e. home, form, foctory, street etc.)	g., in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Year)	While At Not N	21F. HOW DID INJ	URY OCCUR?	

MARIO COMAS M.D.24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY

and haur and fram the causes stated abave. (1) (We) (did) XAXXXX view the bady after death.

5101 Belair Rd. Baltimore , Md.

ORY (City, town, or cou (City, town, or county)

Stoff Phys.

BALTIMORE, MD.

8/22 UG 23 1966 66 CATHEDRAL BURIAL 25A. DATE REC'A

H.W. MEARS & SON 805 N. CALVERT ST

VS 150-REV. 1/1/65

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS

23B. DATE SIGNED

8-20/66.

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	66 085	12	10000	(C O P Y) BALTIMORE CITY HEAL	TH DEPARTMEN	IT		66	08512
BIRTH				AMINER'S C			FATH Registe		00016
	CASE NO.	74120	ICAL LA	CONTRACTOR C					
1. N.	AME OF DECEASED					2. DATE AND	HOUR PRONOUNCE	DEAD	
Пуре	e or riini)	WILLIAM	1 T	. GRA	Y	May 24	, 1966		11:30 A M
3. PL	ACE BY WHITH	MARY AND	HERE PROMOT	FRAME	4. USUAL RESID	ENCE (Where d	eceosed lived. If insti B. COU	tution: resid	lence before odmission
FULL	NAME OF HE	OT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Mary	yrand	corporate limits, write		
HOSE	TUTION ADD	RESS OR LOCA	ATION)	0/22/66		timore	corporote limits, write	RUKAL OF	d give township/
				8/23/66	D. STREET ADDI		alua (anadan)	7	
	Universit	y Hospit	al				tte Street		
5. SE	X 6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTI		9. AGE (In years lost to day)		1 Yr. If Under 24 Hrs
Ma	ale W	hite		DIVORCED (specify)	June 8	.1918	1.7	Months	Doys Hours Min.
			Sting	BUSINESS OR INDUSTRY			CONSTRUCTION CO.	12. CITIZE	
	during most of working lile UNKNOWN	e, even if retired)	Unkno	רושור	Maryla	nd		WHA	T COUNTRY?
	ATHER'S NAME		OTHER	7W11	14. MOTHER'S M				
	Unknown				Unkno	רדשו			
	AS DECEASED EVER			16. SOCIAL SECURITY NO.	17. INFORMANT	717.5.6		ADDRESS	
Ye	no or unknown) (If yes, y		es of service)	Unk.	Anthonr	v Argo.	3023 Penna	. Ave	
	B. 0 11 1	- de-de			OF DEATH	• 0			INTERVAL BETWEEN
	DISEASE OR C	ONDITION D	INCAL V					7.07	ONSET AND DEATH
	LEADIN	IG TO DEATH	1	(A) Cor P	ulmonale			N/A	
	(This does not mean heart foilure, asthenia	, etc. It meons	s the discose,	DUE TO		***************************************			
	injury or complication	which coused	deoin.)						
		DENT CAUS		(B) Bronc	hial Asth	ma.			••••••
	DISEASES OR CON	CAUSE (A) S	TATING THE	DUE TO					
z	UNDERLYING CON	DITION LAST.		(C)					**************************************
ERTIFICATION		11							
S	OTHER SIGNIFICANT								
<u> </u>	DISEASE OR CONDI	TION CAUSING	G IT.	************************					
E	9A. DATE OF OPERAT		NDITION FOR	WHICH OPERATION			N CERTIFYING CAUS		ATH?
	TA, EXTERNAL CAUSE	WAS	21 R	PLACE OF INJURY (e.g.,	Yes	VHERE DID	f in Boltimore City air	ve exact la	Yes
EDIC	INDERLYING OR CON	TRIB-	home etc.)	, farm, foctory, street, o	office bldg., INJURY	OCCUR?		TO ONDER TO	
$\sum_{i=1}^{\infty}$	TID TIME (Month)	(Doy) (Yes	or) (Hour) 2	1E. INJURY OCCURRED	21 F. H.	DW DID INJU	RY OCCUR?		
	APPROX.)			VHILE AT NOT	WHILE				
2	22. I certify that	l held an	Inquiry 🗌	Inspection Aut	ropsy X and	that an this	basis, death in m	y opiniar	
	resulted from	s Natural co	uses X	ccident D Suicld	e Hamici	de U	ndetermined manne	er 🗌	
	ACTUAL	1	, ,			EDICAL EXA			DATE SIGNED
	SIGNATURE	6/4	acles >	l'elly M.D.	ASSISTANT M	EDICAL EX	AMINER 🔠		5/24/66
	EXAMINER'S	Charles	s S Pot	ty, M.D.	ASSOCIATE M	EDICAL EX	AMINER		3/24/00
23A	NAME (Type) BURIAL CREMATION,			C. NAME of CEMETERY of	CREMATORY	23D. 10	CATION (City,	town, or c	county) (State)
REM	OVAL (Specify)				. JRENIATORI				, , , , , , , , , , , , , , , , , , , ,
1	Burial	6/6/6	66	National		Ba	altimore.Md		

Burial 6/6/66 Nation 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGIST AUG 23 1966 PLAS E. 3

National
24B, NAME OF REGISTRAR

Baltimore.Md.

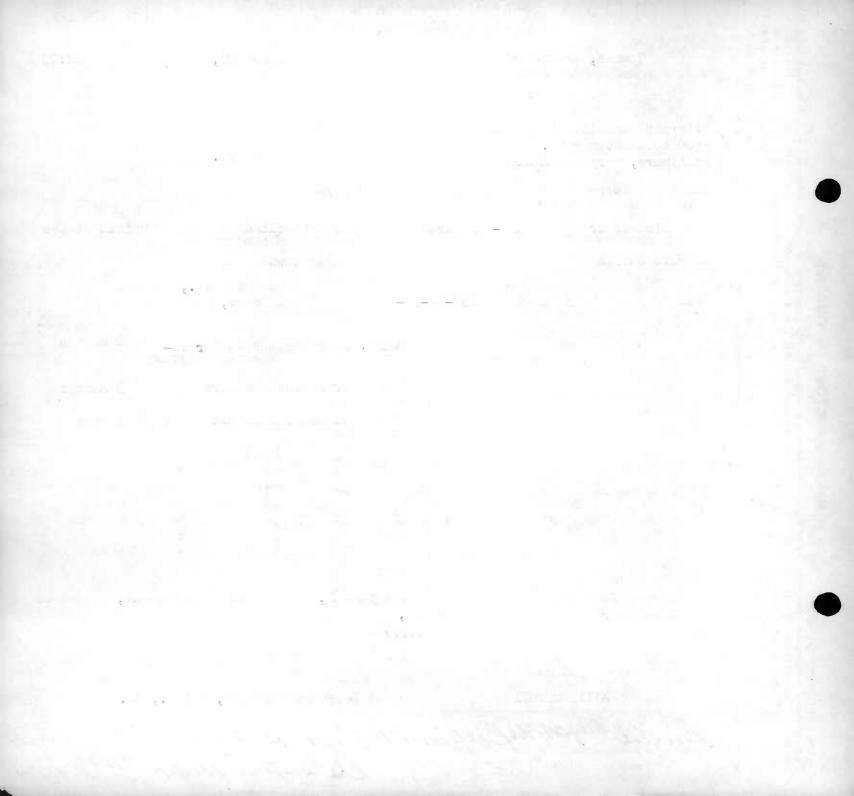
Paul E. Chenoweth, 3617 Chestnut Ave.

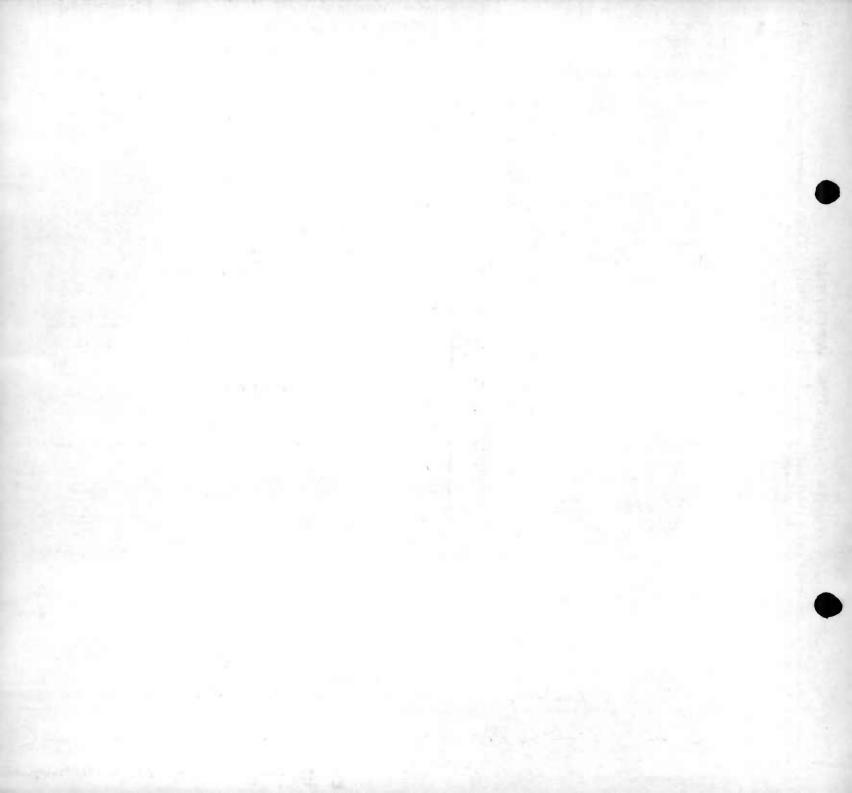
ADDRESS

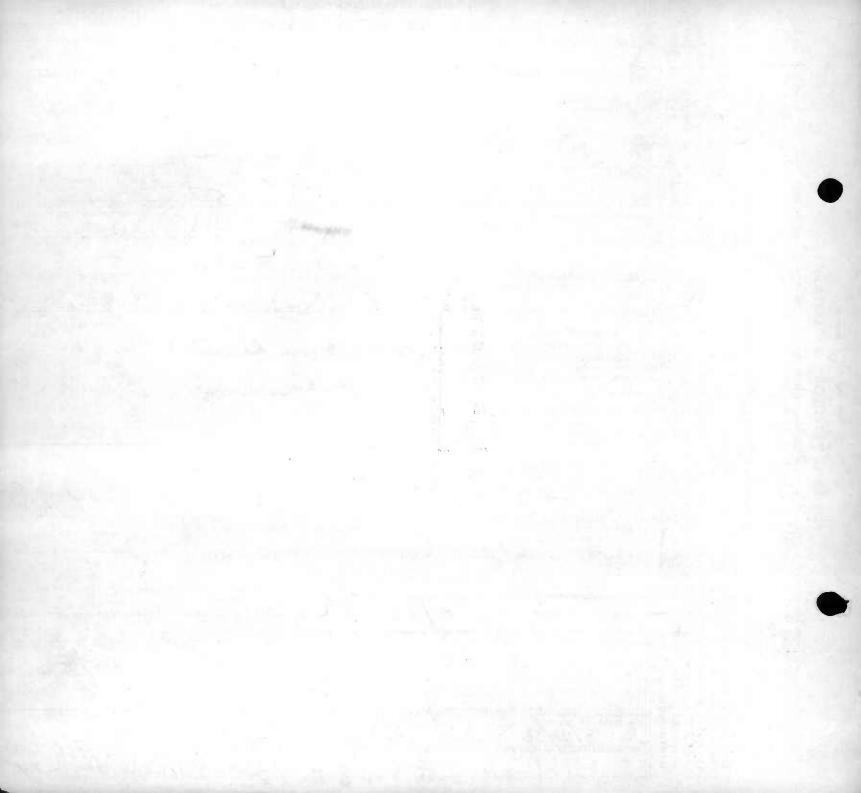
VS 151-REV. 1/1/65

CERTIFICATIC AMENDED

FULL NAME OF (If not in hospital or institution, give street hospital oddress or location) Veterans Administration Hospital 3900 Loch Raven Blvd. Baltimore, Maryland 21218 5. SEX Negro Married 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. done during most of working lite, even it relired) Cab Dispatcher A. Hospital occupation, give street hospital or institution, give street hospital occupation in street institution, give street hospital occupation of location in street	2. DATE AND August USUAL RESIDENCE (Where of STATE B. COUNTY Maryland . CITY OR TOWN (If outsid Baltimore . STREET ADDRESS (If rure 2814 Hilldale DATE OF BIRTH 11/5/20	e city limits, write RU I, give location) Ave. AGE (In years birthday)	If Under 1 Yr. If Under 24 Months, Doys Hours Mi
1. NAME OF DECEASED (Type or Print) Townes, Arthur NMT 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street oddress or locotion) Veterans Administration Hospital 3900 Loch Raven Blvd. Baltimore, Maryland 21218 5. SEX 6. RACE Negro 10A. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) Cab Dispatcher 14. Taxi—Cab Service	August USUAL RESIDENCE (Where c. STATE B. COUNTY Maryland CITY OR TOWN (If outsid Baltimore) STREET ADDRESS (If rure 2814 Hilldale DATE OF BIRTH 11/5/20 BIRTHPLACE (Stote or foreign North Carolina	e city limits, write RU ly, give location) Ave. AGE (In years birthday)	RAL and give lownship) If Under 1 Yr. If Under 24 Hours Mi
FULL NAME OF HOSPITAL OR oddress or locotion) Veterans Administration Hospital 3900 Loch Raven Blvd. Baltimore, Maryland 21218 5. SEX Male Negro Married 10A. USUAL OCCUPATION (Give kind of work done during most of working lite, even it retired) Cab Dispatcher 14. A. A. A. A. A. A. A. A. A.	Maryland City or town (If outsid Baltimore STREET ADDRESS (If rure 2814 Hilldale DATE OF BIRTH 11/5/20 BIRTHPLACE (Stote or foreign North Carolina	e city limits, write RU I, give location) Ave. AGE (In years birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
FULL NAME OF HOSPITAL OR oddress or locotion) Veterans Administration Hospital. 3900 Loch Raven Blvd. Baltimore, Maryland 21218 5. SEX 6. RACE Negro 10A. USUAL OCCUPATION (Give kind of work done during most of working lite, even it retired) Cab Dispatcher (If not in hospital or institution, give street oddress or locotion) C. C. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married 10A. USUAL OCCUPATION (Give kind of work log, KIND OF BUSINESS OR INDUSTRY 11). Taxi—Cab Service 14.	Maryland City or fown (If outsid Baltimore STREET ADDRESS (If rure 2814 Hilldale DATE OF BIRTH 11/5/20 BIRTHPLACE (Store or foreign North Carolina	Ave. AGE (In years birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
HOSPITAL OR INSTITUTION Oddress or locotion) Veterans Administration Hospital 3900 Loch Raven Blvd. Baltimore, Maryland 21218 5. SEX	Baltimore STREET ADDRESS (If rure 2814 Hilldale DATE OF BIRTH 9. los los	Ave. AGE (In years birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Baltimore, Maryland 21218 5. SEX 6. RACE Male Negro CAD Dispatcher D. Married Married Married Taxi—Cab Service D. Married Taxi—Cab Service D. Married Taxi—Cab Service D. Married Married Taxi—Cab Service D. Married Widoweth, Divorced (specify) Married Taxi—Cab Service 14.	2814 Hilldale DATE OF BIRTH 11/5/20 BIRTHPLACE (Store or foreign North Carolina	AVE. AGE (In years in birthdoy)	Months Doys Hours Mi
Baltimore, Maryland 21218 5. SEX 6. RACE Negro Negro Married No. USUAL OCCUPATION (Give kind of work loss. KIND OF BUSINESS OR INDUSTRY loss during most of working life, even if retired) Cab Dispatcher Taxi—Cab Service 14.	DATE OF BIRTH 11/5/20 BIRTHPLACE (Stote or foreign North Carolina	AGE (In years I binhdoy)	Months Doys Hours Mi
Male Negro Married Married Married Mone during most of working life, even it retired) Cab Dispatcher Married Taxi—Cab Service 14.	11/5/20 los BIRTHPLACE (Stote or foreign North Carolina	t birthdoy!	Months Doys Hours Mi
Cab Dispatcher Taxi—Cab Service Taxi—Cab Service Taxi—Cab Service	North Carolina	country)	
Cab Dispatcher Taxi-Cab Service 3. FATHER'S NAME			WITH COUNTRY:
3. FATHER'S NAME			United States
Charlie Sherin			
	Helen Townes		
	INFORMANT Water	s Hosp., Re	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) Yes 43 to 45 SECURITY NO. 238-22-38-10	d		
18. CAUSE OF D		re, Marylan	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH (A) Malig	nant Hypertensi Vasc	ve Cardio-	6 Months
	Vasc	ular Diseas	E
hearl failure, asthenio, etc. II meons the disease, injury or complication which caused death.)			
ANIEUEDENI UAUSES	a From Renal Fa	ilure	3 Months
DISEASES OR CONDITIONS, if any, giving			
rise to the obove couse (A) stating the (C) Caral	o Vascular Coll	apse	l Hour
UNDERLYING CONDITION Iosi.			
Z	· - ·		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FIN	NDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO	N CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If in Battimore (City, give exoct locotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office etc.	bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While A1 Not While	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.) While At Work At Work			
22. I certify that (M (this haspital) attended the deceased from Augus	et 17 10	66 to Augus	+ 27 10.66
that (K(we) last saw the deceased alive an August 21.			
11111		in (zay) (aur) apini	an death accurred an the
and haur and fram the causes stated abave. (We) (did) (did) (did) view	w the bady after death.		
23A. SIGNATURE William BELL M.D. Attendin Phys.	Med. Sto	off ys.	21 August 191
23C. PHYSICIAN'S NAME (Type)	. ADDRESS		1
	Veterans Hospit		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMA	ATORY 24D. LOC	ATION (City,	, town, or county) (Sto
Durial aug 24,1966 Maltinas VIII	tional Da	1 timin	May sla
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRARY	25C. FUNERAL DIRECTOR	2001101 CE	ADDRESS





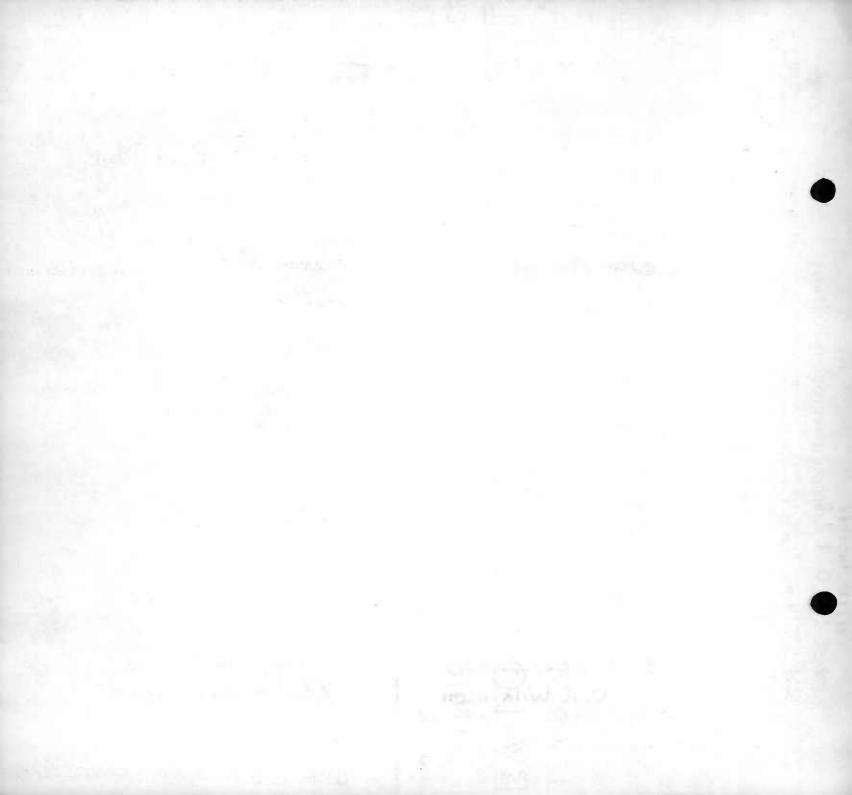


IMPORTANT

DIRECTOR:

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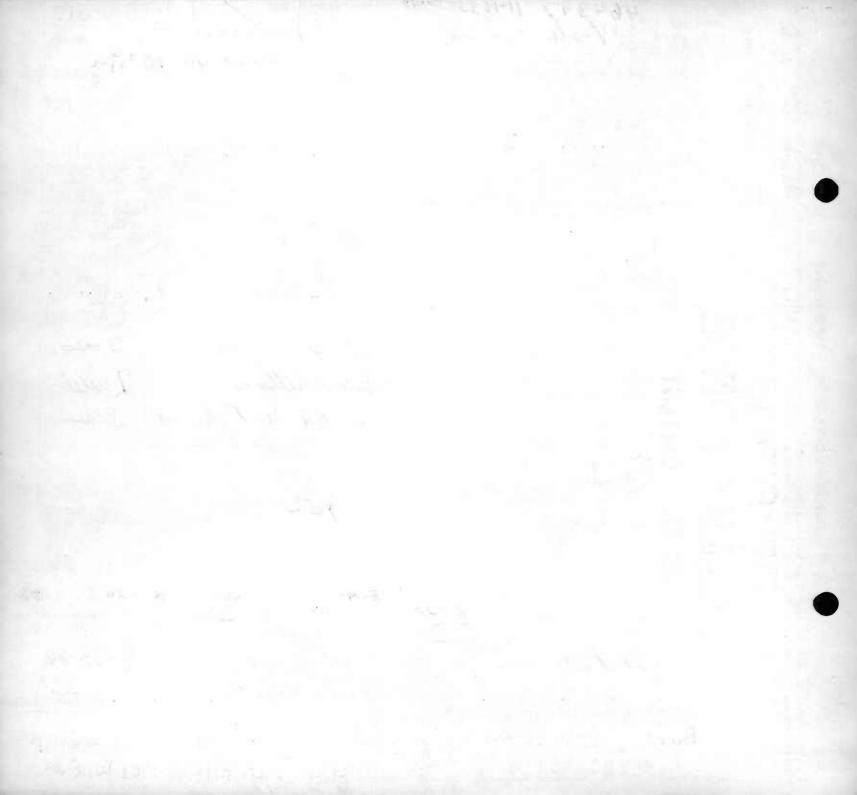
BALTIMORE CITY HEALTH DEPARTMENT



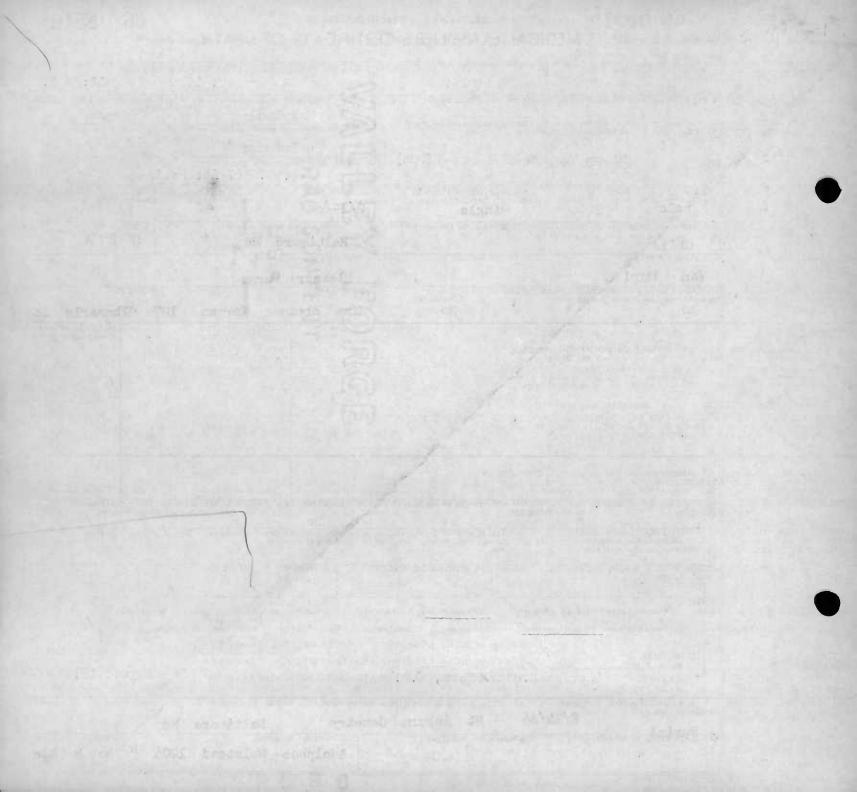
IMPORTANT

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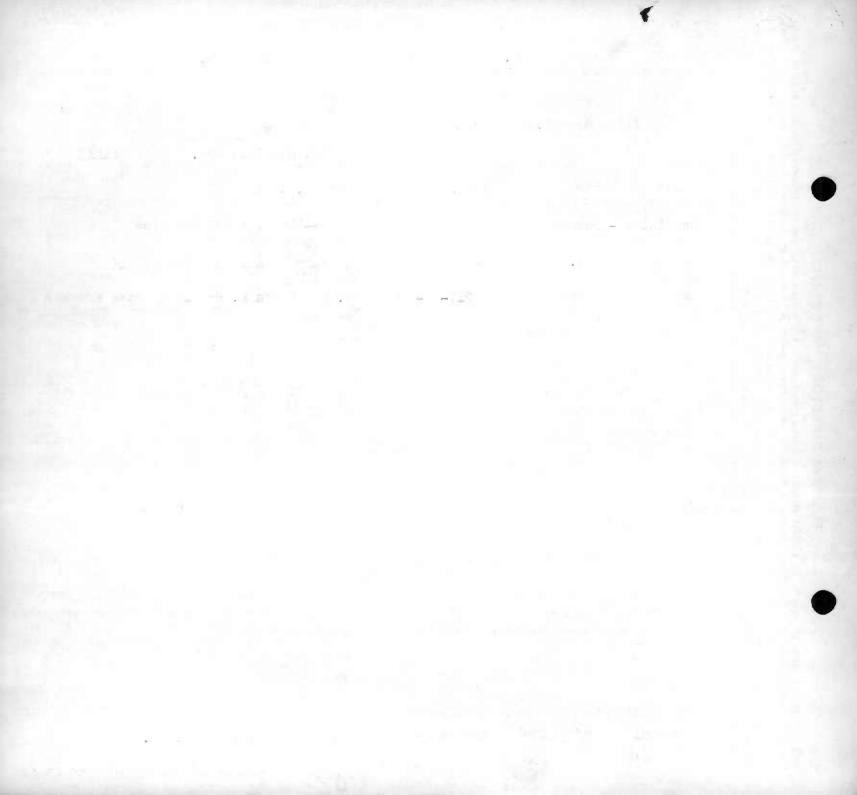


DIRECTOR:

If no place for De Hinter Com Box

VS 150-REV. 1/1/65

		000		BALTIMORE CITY	Y HEALTH DEPARTMENT		SK OKKOI		
	H NO.	66 0852	21	CERTIFICA	ATE OF DEATH	Registered Na	66 08521		
1, N	AME OF DECEAS	Joseph	s.	Harrison		OUR OF DEATH 20, 1966			
		IN BALTIMORE, MAR			4. USUAL RESIDENCE (Where de A. STATE B. COUNTY Maryland	ceosed lived, tf insti	tution; tosidence before admis		
H	ULL NAME OF (If not in hospital or institution, give street OSPITAL OR oddress or location) NSTITUTION			C. CITY OR TOWN (If outside city limits with RURAL and aive township)					
4	Union Memorial Hospital				Baltimore D. STREET ADDRESS (If rural, give locotion) 620 Melville Ave. 21218				
5. SI	Male 6.1	White	WIDOWE	NEVER MARRIED D, DIVORCED (specify) Tried		GE (In yours birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi		
IGA_USUAL_OCCUPATION(Give kind of work 108, KIND OF 81 done during most of working life, even it retired) Machinist - retired			108. KIND OF	BUSINESS OR INDUSTRY	Fayellville, No		12. CITIZEN OF WHAT COUNTRY?		
3. F	FATHER'S NAME				14, MOTHER'S MAIDEN NAME				
_	John	Α.	Harris		Anna Howa	rd Stan	field		
5. V Yes,	No or unknown) (If	yes, give wor or dotes None	es? of sorvice)	16. SOCIAL SECURITY NO. 217-03-2920	Mrs. Henrietta D.	Harrison	same address		
		OR CONDITION DIR	ECTLY	CAUSE	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO			Solling 1 home	THREE	6.203			
	heart failure, ast	henio, etc. It means	the diseose,		1 0	, -			
	ANI	TECEDENT CAUSES		(B)	Jackyour	MR	och c!		
NO	DISEASES OR rise to the CUNDERLYING OTHER SIGNIFIC	CONDITIONS, if a bave couse (A) CONDITION lost.	sloting the		Gerebrel Hen Jackyour	fix	12 72		
FICATION	DISEASES OR rise to the UNDERLYING O	CONDITIONS, if of obvectors (A) CONDITION lost. II ANT CONDITIONS CONTINUE (A) NOTION CAUSING IT PERATION [198. CONTINUE (A)	STOTING THE	(C)	[20A. AUTOPSY? (Yes or No)] 20	B. IF YES, WERE FIN	IDINGS CONSIDERED		
ERTIFIC	DISEASES OR rise to the cunderlying of OTHER SIGNIFIC TO THE DEAT DISEASE OR CO	CONDITIONS, if of obtained course (A) CONDITION lost. II ANT CONDITIONS COUNTY CONDITIONS COUNTY CONDITIONS COUNTY CONDITIONS COUNTY CONTY CON	Sloting the	G E WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FIN CERTIFYING CAUS	ES OF DEATH?		
CAL CERTIFIC	DISEASES OR rise to the cunderlying of OTHER SIGNIFIC TO THE DEAT DISEASE OR CO	CONDITIONS, if of obvectors (A) CONDITION lost. II ANT CONDITIONS CONTINUE CONDITION CAUSING II PERATION 19B. CONTINUE	ONTRIBUTING TED TO THE	G E WHICH OPERATION PLACE OF INJURY (e.g., te, loim, foctory, street, ce,	[20A. AUTOPSY? (Yes or No)] 20	B. IF YES, WERE FIN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH? City, give exact location)		
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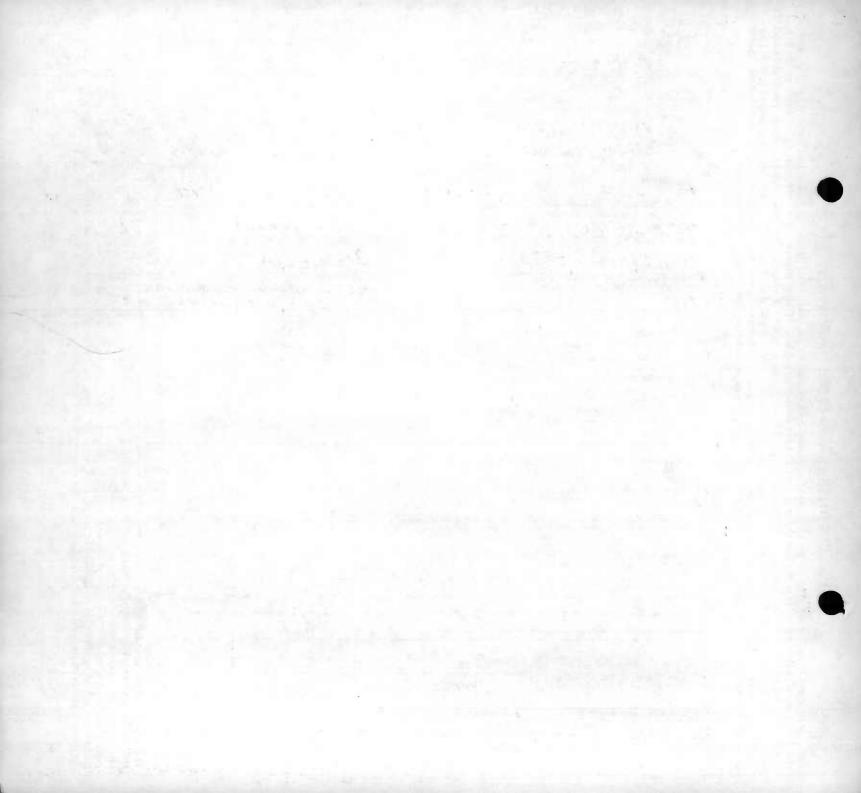
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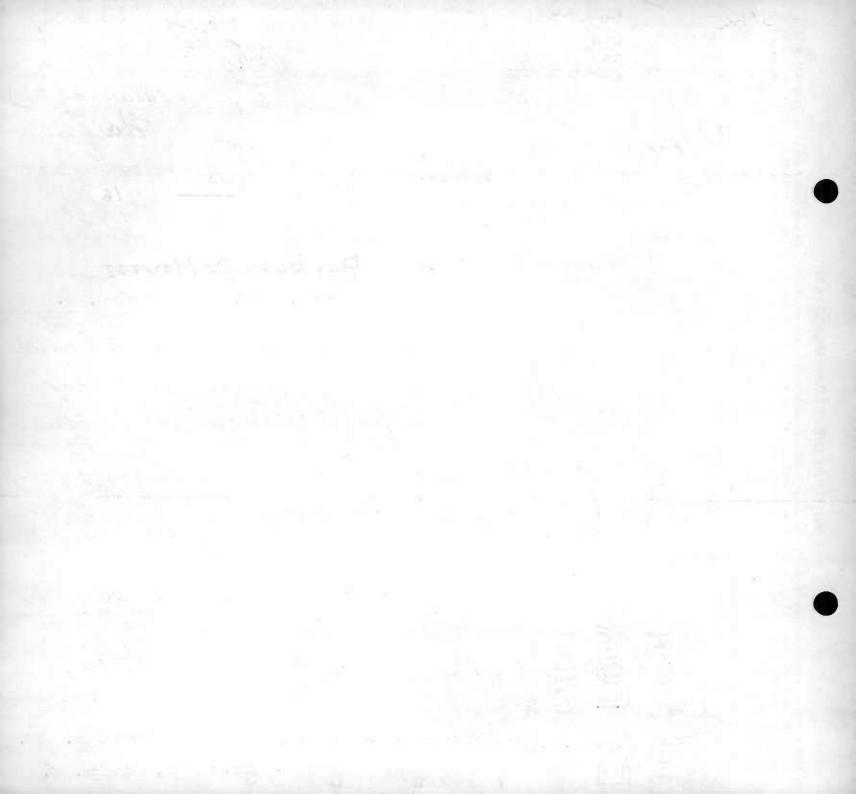
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BALTIMORE CITY HEALTH DEPARTMENT

Registered Na. 2. DATE AND HOUR OF DEATH UGUST 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RUPAL and give township) If rurol, give lacotian) 9. AGE (In years If Under 1 Yr. If Un Months! Days Hours If Under 24 Hrs. lost birthdoy) 12. CITIZEN OF WHAT COUNTRY? TURNER ADDRESS 343 WHITRIDGE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) and that in (my) (our) apinian death accurred an the date 23B, DATE SIGNED EINE LAL BREHMS LA.





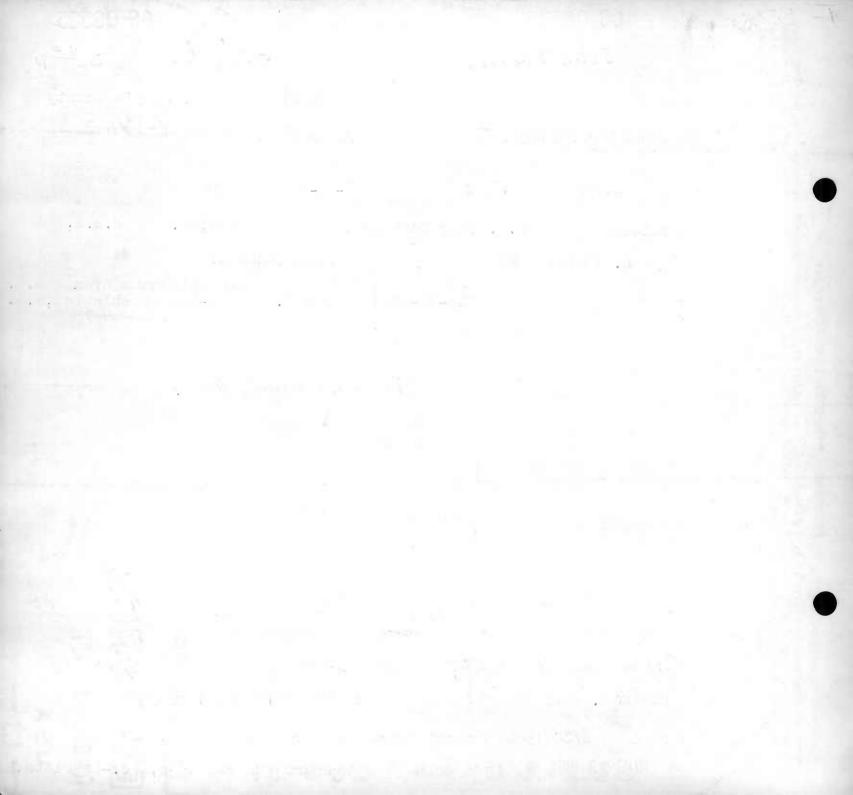
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BALTIMORE CITY HEALTH DEPARTMENT



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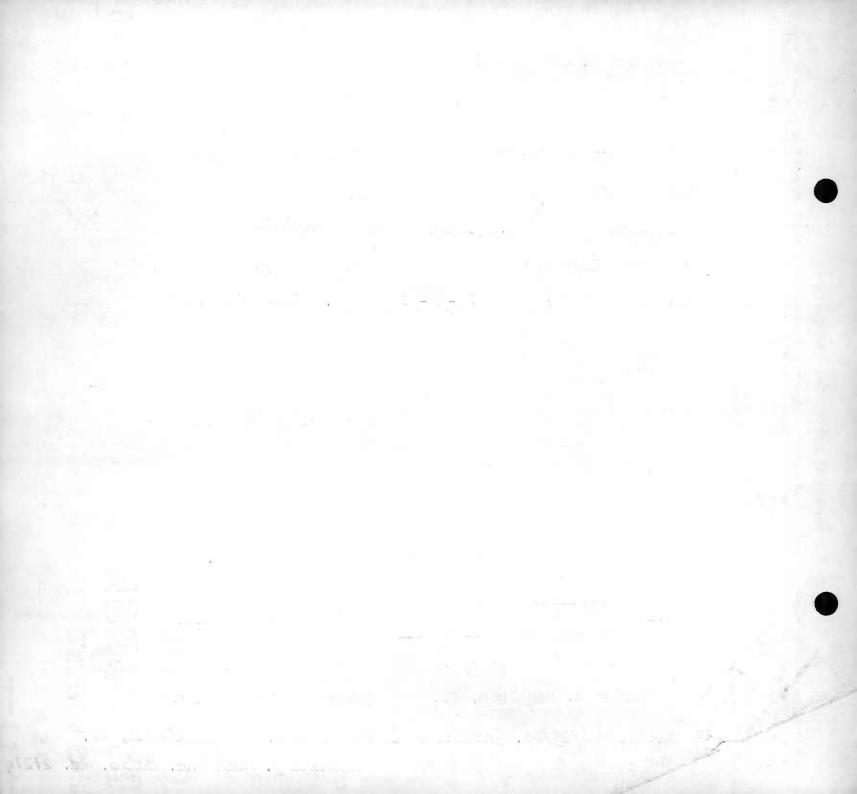
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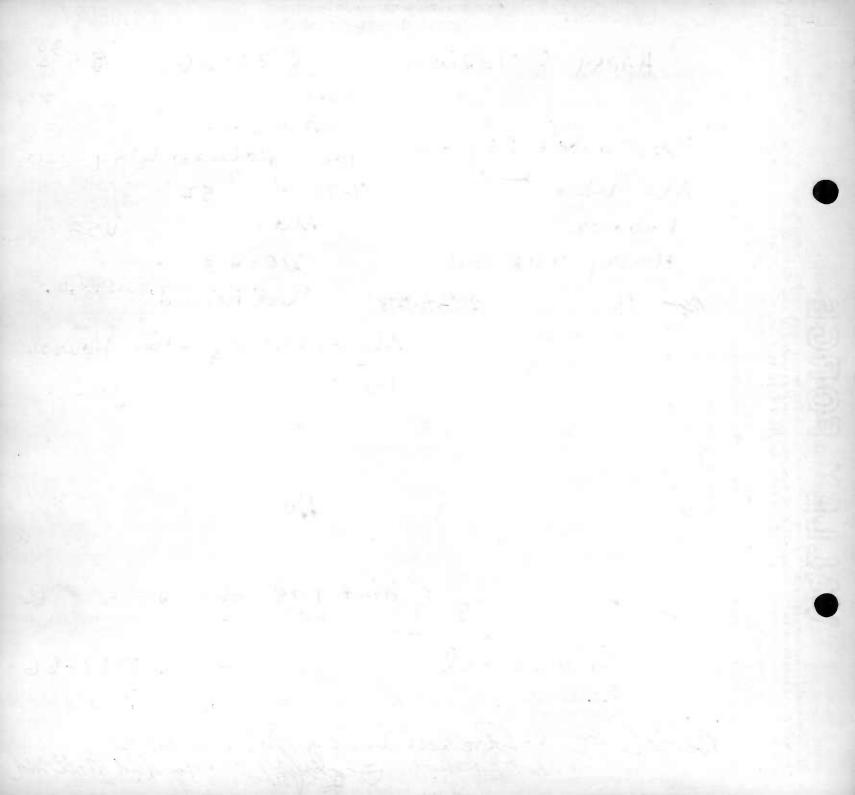
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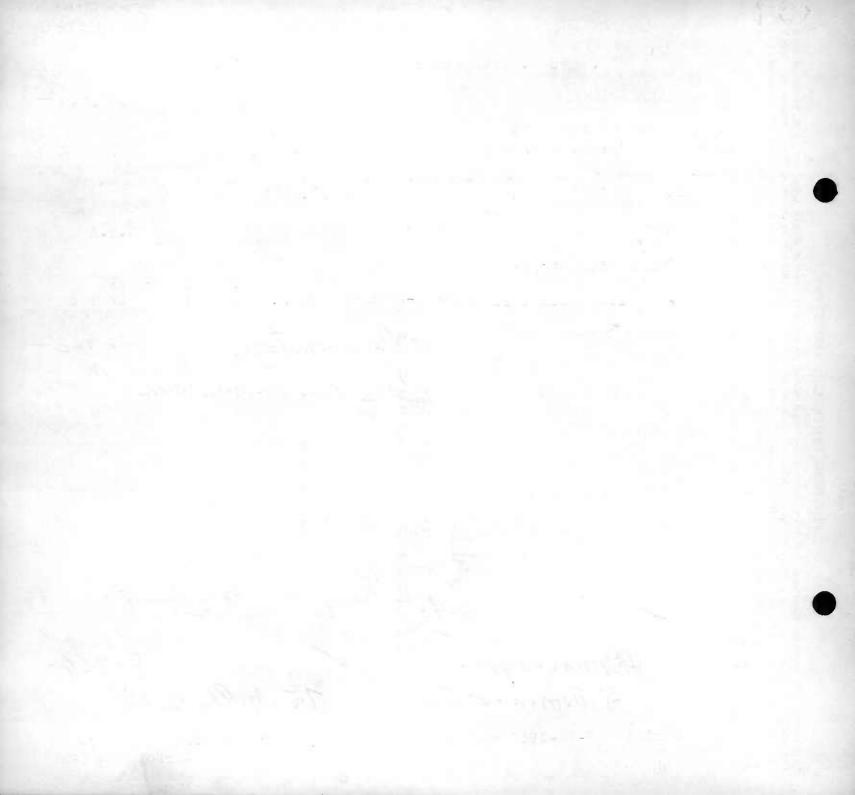
ONSET AND DEATH



VS 150-REV. 1/1/65



VS 150-REV. 1/1/65



1,	LE CASE NO. NAME OF DECEASED ype or Print) KERR, BOY PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH 8-23-66 [4. USUAL RESIDENCE (Where deceased lived, If institution: r	1:20AM M.				
	FULL NAME OF (If not in hospital or institution, give street oddress or location) ST. AGNES HOSPITAL	A, STATE B. COUNTY MARYLAND C, CITY OR TOWN (If outside city limits, write RURAL on BALTIMORE ZONE 7 D. STREET ADDRESS (If rurol, give location)	Of				
		1534 KIRKWOOD ROAD					
	MALE 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify INFANT	B. DATE OF BIRTH 9. AGE (In years If Under Months) 8-22-66	Doys Hours Min.				
de	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU- ne during most of working life, even if retired)	MARYLAND 11. BIRTHPLACE (Stote or foreign country) MARYLAND	ZEN OF AT COUNTRY?				
13	THOMAS	14. MOTHER'S MAIDEN NAME JOAN G. GARSON					
	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or doles of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ST. AGNES RECORDS -CATON	& WILKENS AV				
	heott loilure, osthenio, etc. It meons the diseose, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving	Immaturity					
MOITA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?				
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	g., in or about 21C. WHERE DID (If in Baltimore City, given, office bldg., INJURY OCCUR?	e exoct tocotion)				
AAEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED						
	22. I certify that (I) (this haspital) attended the deceased from AUGUST 22 1966 to AUGUST 23 19 66 that (I) (we) lost sow the deceased alive on AUGUST 23 19 66 and that in (my) (our) apinion death occurred on the do and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE Coracon P. Circlano M.D. 23C. PHYSICIAN'S NAME (Type)	Attending Med. Stoff Phys. 23B. DA	TE SIGNED				
	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF BURIAL 8/23/66 NEW CATHEDRAL A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAN						

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A.E. CASE NO.	CERTITIO				
NAME OF DECEASED BABY G	IRL SAUSE		ND HOUR OF DEATH	6:55 P	
PLACE OF DEATH IN BALTIMORE, M	ARYLAND		re deceased lived. If	institution: residence before odmissi	
FULL NAME OF (If not in hospito oddress or locali	ol or institution, give street	A. STATE B. COUNTY GENTERY+LLE MARYLAND, Queen Anne's Co C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
		CENTERVILL	E	(0/-00	
3 THE JOHNS !	HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)			
		LOCUST HIL	1		
. SEX 6. RACE	7. MARRIED, NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months; Doys Hours Min	
FEMALE WHITE	NEVER MARRIED	8-19-66		3	
IA, USUAL OCCUPATION (Give kind of wo one during most of working life, even if retired None	ork 10B, KIND OF BUSINESS OR INDUST		ign country)	12. CITIZEN OF WHAT COUNTRY?	
			Maryland		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
JULY JOHN SAUS	E	JULIA BRO	WN		
o. Wos Deceased Ever in U. S. Armed F es, no or unknown) (If yes, give wor or do	orces? otes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No.		John W. Sause	Centerville	, Md.	
18. 7. 0. 0 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSI	DUF TO				
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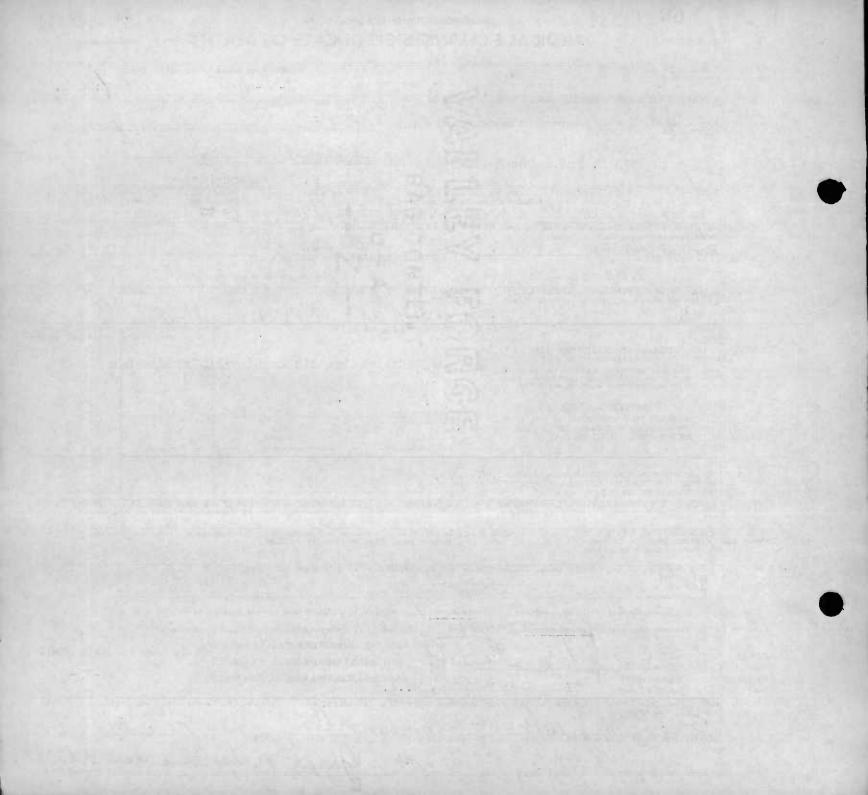
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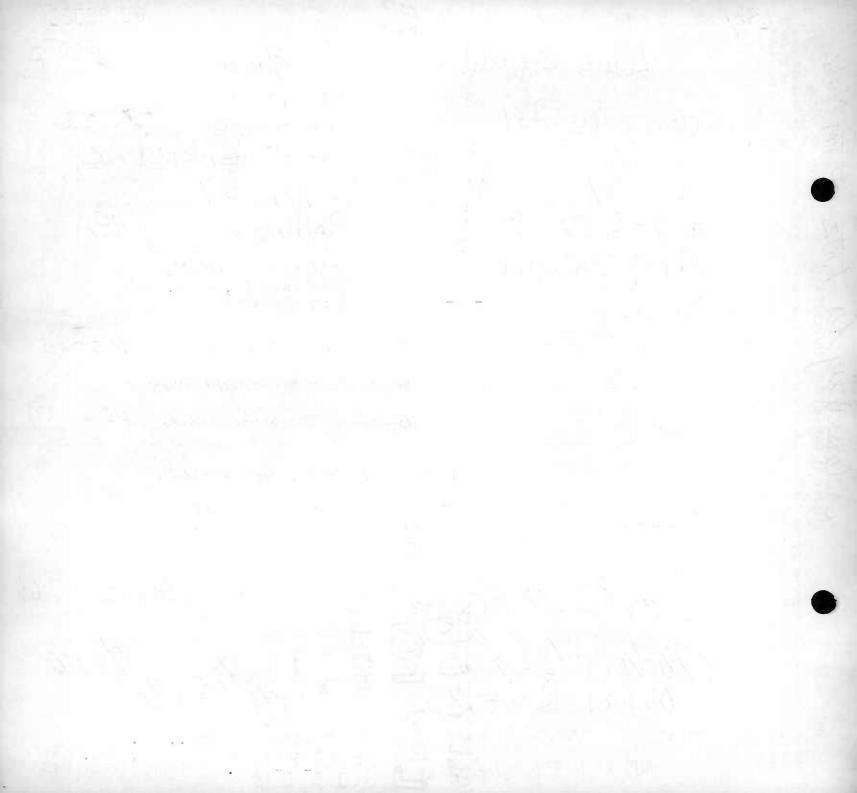
	8534		BALTIMORE CITY HEAL	TH DEPARTMEN	IT	66 08534	
IRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICAT	TE OF DEATH		
A.E. CASE NO.							
NAME OF DEC	EASED				2. DATE AND HOUR PR	ONOUNCED DEAD	
ype of think		LTON	GOLDBERG		8-14-66	2:00 P.	
	MORE, MARYLAND, W			4. USUAL RESID A. STATE Marylan		red. If institution: residence before admission	
ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1823 E. Fairmount Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
				D. STREET ADDRESS (If rurol, give location) 1823 E. Fairmount Avenue			
. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRT	H 9. AGE	(In years If Under 1 Yr, If Under 24 H	
Male	White	MIDOWED	er Married	5/5/1	903 (3 74	2 ?	
	rorking life, even if retired)	KIOB KIND O	F BUSINESS OR INDUSTRY	Balt		12. CITIZEN OF WHAT COUNTRY?	
				14. MOTHER'S M			
	Unknown			u	nknown		
	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
٨١٠٠			218-26-3124	MA A	toa Mustire.	Einhoin 33 Jeft	
1B.	P 1		CAUSE	OF DEATH	1. 1.11.12	INTERVAL BETWEE	
7	1					ONSET AND DEAT	
	E OR CONDITION DI LEADING TO DEATH		A 4			·1 am diagona	
(This does no	(This does not meon the mode of dying e.g.,						
injury or com	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	NTECENDENT CAUS	rc					
DISEASES C	DR CONDITIONS, IF A E ABOVE CAUSE (A) S	ANY, GIVING	(B) DUE TO				
	G CONDITION LAST.		(C)				
2	11				6		
TO THE I	VIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO 1	NG THE				
	OPERATION TOO COM	IDITION FOR					
19A. DATE OF	WAS PER		WHICH OPERATION			WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?	
21 A. EXTERNAL UNDERLYING	WAS PER	RFORMED 21 B.		No in or obout 21C. V	VHERE DID (If in Boltimo		
21A, EXTERNAL UNDERLYING UTING CAUS	WAS PER	21 B. home	PLACE OF INJURY (e.g., e, form, factory, street, c	NO in or obout 21C. V	VHERE DID (If in Boltimo	NG CAUSES OF DEATH? re City, give exoct location)	
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21A, EXTERNAL UNDERLYING CAUS UTING CAUS 21D TIME OF INJURY (APPROX.) 22. certi	CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Doy) (Yea	21 B. hometc.) (Hour) 2 m.	PLACE OF INJURY (e.g., form, factory, street, center).	NO in or obout 21 C. V office bidg, INJURY 21 F. H ORK copsy and	IN CERTIFYI WHERE DID (If in Boltimo OCCUR? DW DID INJURY OCCUR d that on this basis, d de Undetermin	re City, give exact location) ? eath In my apinlan	
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FUNERAL DIRECTOR:

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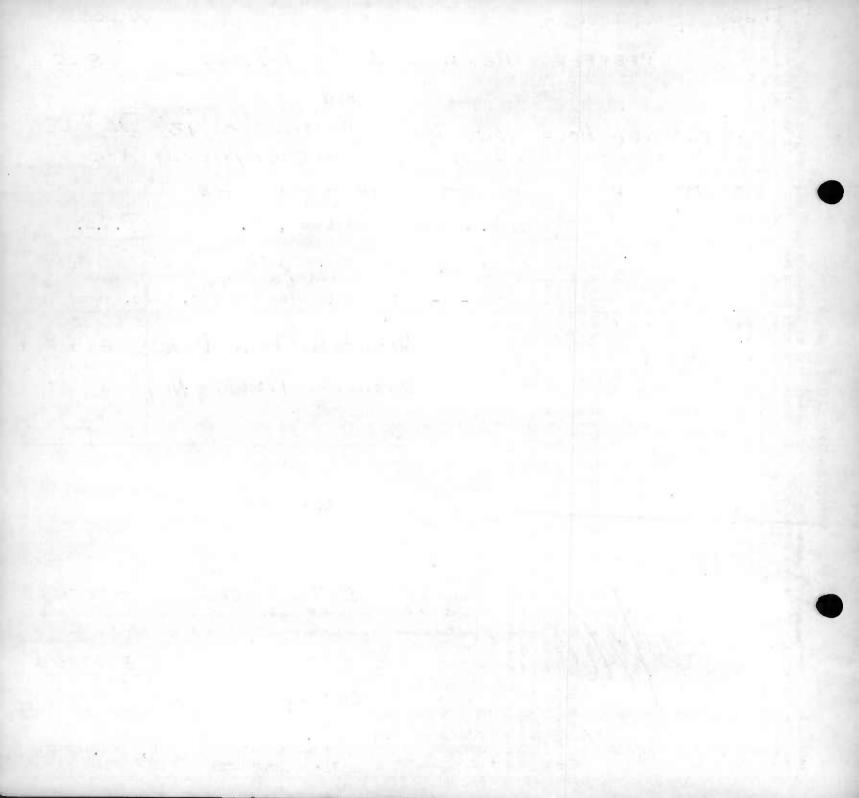
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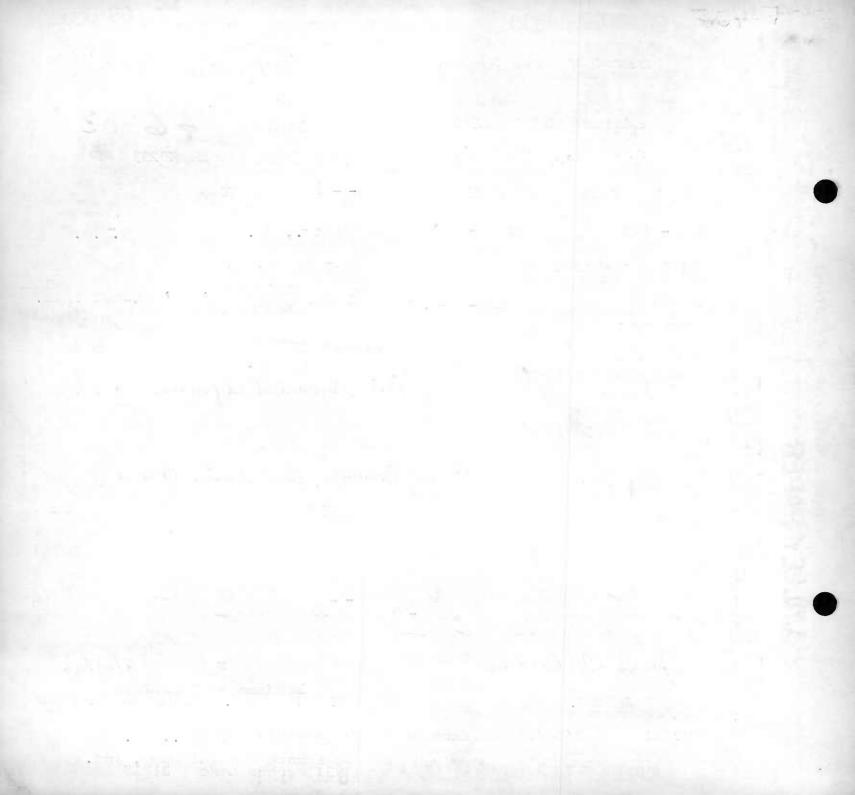
All Britishing KALTIMOKE MIC. S. S. UNION MEMORIAL HOSP. 6700 DULUSH HOLE 6 24 341818 0 34001M M RETIRED O GENTLE STEVEN NOVOTNT BARBARA MITTIFE Verbrunder potrilletin asternance him heart during In the bound (gostini when) bleeding 12-8 77 77 12-8 12-12-8 -SIDNET E. KIRKLET UNION MEMBERSLIL HOS

IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 66 08538 A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE

B. COUNTY (If outside city limits, write RURAL and give township) cliftmont If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Catherine Pfeffer, wife, above INTERVAL BETWEEN ONSET AND DEATH Metastatic Bone Disease 6 weeks + Unknown Primary Neoplasm 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 8-22 _and that in(ng/) (aur) apinion death accurred on the date 8-22-61 36 FHY MAIR PRINCIPOR Uneral Home, InogDRESS 3331 Brehms Lane #13 VS 150-REV. 1/1/65



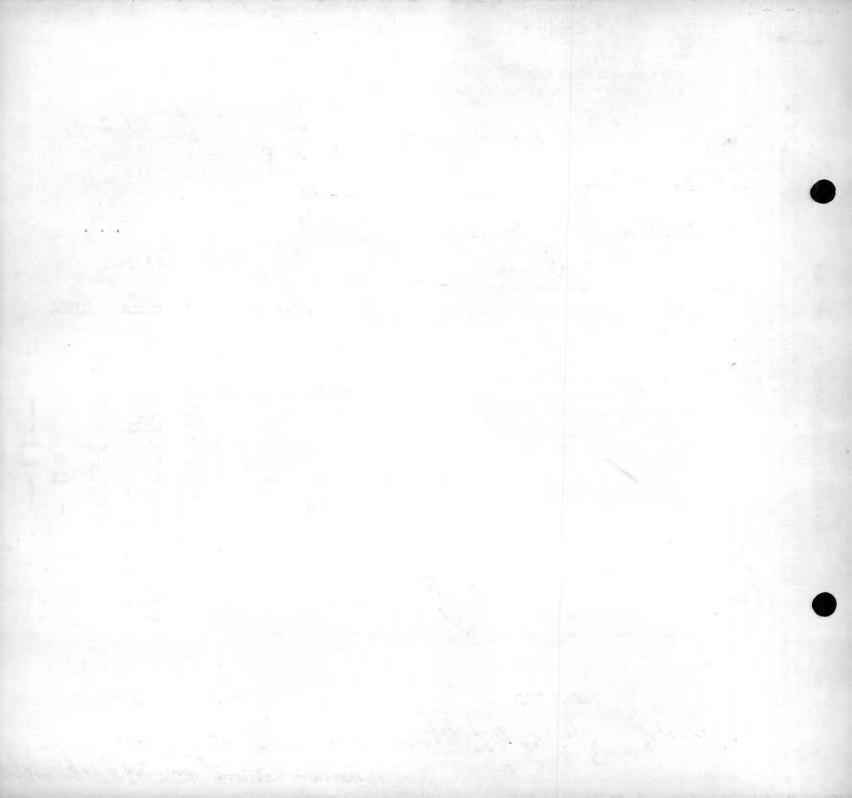


MEDICAL EVAMINED'S CEDTIEICATE OF DEATH Projected No

BIR	IH NO.		WEDI	CALEX	AMINER 3 CI	KIIFICAI	E OF D	CAID Register	red No		
M.I	E CASE NO.										
1. I (Ty	NAME OF DEC	EASED	CHAI	RLES	WAGNER	51514	2. DATE AND 8-21-0	HOUR PRONOUNCE	D DEAD	12:35	A
	PLACE IN BALTI				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
HO	LL NAME OF	OR LOCA	TION)	TION, GIVE STREET	c. CITY OR TOW		carparate limits, write	RURAL o	nd give townsh	nip)	
-	JOHNS	HOPKIN	S HOSI	PITAL -	DOA	D. STREET ADDR			3		
5. \$	Male	6. RACE White			NEVER MARRIED SIVORCED (specify)	8. DATE OF BIRTH 5/13/07		9. AGE (In years last birthday) 59		T Yr. If Under Days Haurs	
dan	. USUAL OCCU during most of w Foreman	arking life, even	if retired)	Nation	BUSINESS OR INDUSTRY	Penna.	State or foreign	cauntry)		EN OF AT COUNTRY? J.S.A.	
	ATHER'S NAM			100000000000000000000000000000000000000	<u> </u>	14. MOTHER'S MA	AIDEN NAME				
	Steven	Wagner				Minnie	Redd				
	WAS DECEASED				16. SOCIAL SECURITY NO.	17. INFORM ANT			ADDRES	S	95.
	yes.	WW1	1	- 2	15-03-7667	Anna Wa	igner,	wife, abo	ove		
	18.	10,29	. 32	2.0	CAUSE	OF DEATH				INTERVAL BE	
	DISEAS	E OR COND	TION DIE	RECTLY		1					
	(This daes no heart failure, injury ar carr	at mean the asthenia, etc. oplication which	made of	dying, e.g., the disease, death.)	DUE TO	erdose of	barbitu	rate			***********
	A	NTECEN DEN	T CAUSE	s							
	RISE TO THE	R CONDITION	SE (A) ST		DUE TO		*		• • • • • • • • • • • • • • • • • • • •		o uje o o o o o o o o
NO					(C)					••••••	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Acute ethylism DISEASE OR CONDITION CAUSING IT.										
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPER, WAS PERFORMED					No	"	OR, IF YES, WERE FIN N CERTIFYING CAUS	ES OF DE	EATH?	
MEDICAL	21A, EXTERNAL UNDERLYINGX	OR CONTRIB-		21 B. P home, etc.)	farm, factory, street, a	0.5			e exact le	acatian)	
ME	21D TIME OF INJURY	(Manth) (De	ay) (Year)		Home	21F. HO	25 Bonv	iew Avenue			
	(APPROX.) 8 20 '66 PM m. WHILE AT NOT WHILE X Ingested overdose of sleeping pills										
	I certify that I held on Inquiry Inspection X Autopsy ond that on this bosis, death In my opinion										
	result	resulted from: Noturo couses Accident Suicide Homicide Undetermined monner									
	ACTUAL		10	all.	10/11/2	ASSISTANT ME	DICAL EXA			DATE SIG	NED
	SIGNATU EXAMIN NAME (T	ER'S	UDIGE	R BREITE	NECKER, M.D.	ASSOCIATE MI				8-22-6	6
	BURIAL CREA	AATION, 23B	DATE		. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	tawn, ar	county) (State)
В	urial		8/24 EPT.	/66 B	altimore Na	tional (Cemeter	y Mar	ylar	ADDRESS	
					E. Falkyma	Schin	nunek F	Funeral Ho Lane #13	ome.		
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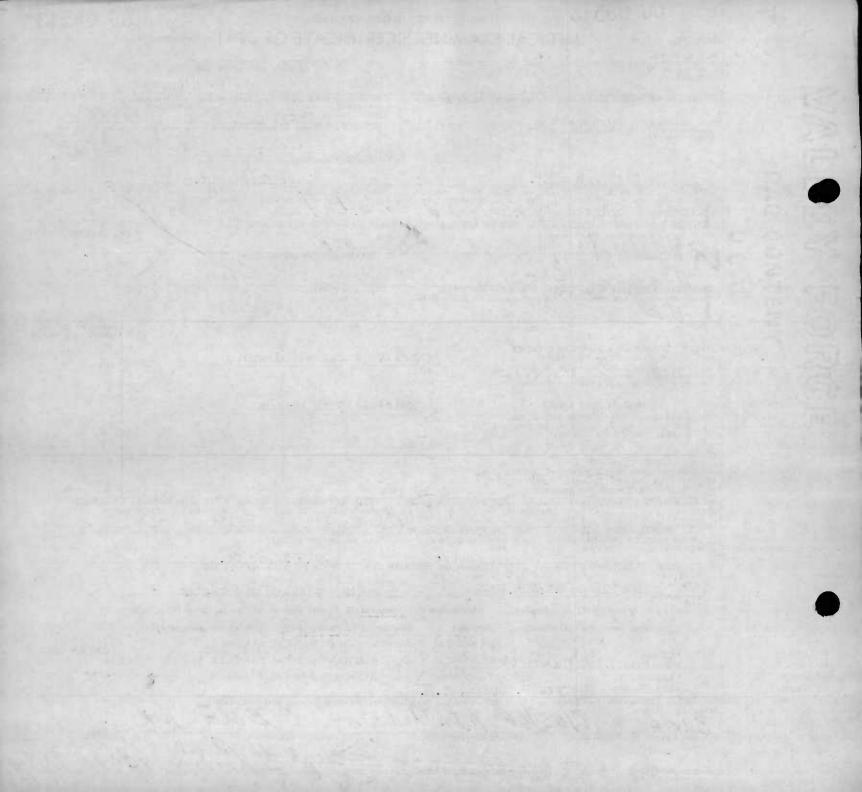
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BALLIMORE CITY HEALTH DEPARTMENT

BANKE OF SECRATED DOTIS BTOWN DOTIS	BIR	TH NO.	MEL	ICAL EX	AMINER 3 CE	KIIFICA	IE OF I	JEAIN Registr	ered Na			
DOTIS PRACE IN BALTIMORE MARTLAND, WHER PRONOUNCED DEAD IN USUAL RESIDENCE (Where deceased lived, in consistence before owns short Maryland or Constitution residence before owns short Maryland or Constitution of Constitu												
DOT'S BYOM DOT'S BYOM DOT STACE IN BATHMORE, MARTLAND, WHERE RENDONCHOLD DEAD A STATE MALE VISUAL RESIDENCE (Whome decosed lived, if institution: residence before oders sized in mention: residence before oders sized in mention: residence before oders sized in mention: residence before oders sized in mention in the property of the mention of the management of the mention of the	1. I (Ty	PAME OF DEC	EASED		XIII MALIETO		2. DATE AN		ED DEAD			
HULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION Baltimore D. STREET ADDRESS. IN HOSPITAL OR INSTITUTION, GIVE STREET Baltimore D. STREET ADDRESS. IN HUMB, give location) 2419 Annor Ct. S. SEX B. RACE WINDOWN D. INVOKED GROUP BY WINDOWN D. INVOKE			De	oris	Brown							
MASTIALON ADDRESS OR LOCATION NSTITUTION 2419 Annor Ct. 2419 Annor Ct. 3.5EX 6. RACE COLORED C	3. F	LACE IN BALTI	MORE, MARYLAND,	VHERE PRONOL	JNCED DEAD	4. USUAL RESI	DENCE (Where	deceosed lived. If ins	titution: resi	idence before odmission)		
ADDRESS OR LOCATION) ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS III ANDIE, give location) 2419 Annor Ct. 5. SEX 6. RACE 1. MARRIED, NEVER MARRIED 1. MONORCIDISTRIP 2. MONORCIDISTRIP 3. MO	EIII	I NAME OF	/IE NOT IN HOSDI	TAL OR INSTITU	ITION CIVE STREET			d		X		
CAUSE OF DEATH CAUS	HO	SPITAL OR	ADDRESS OR LOC	ATION)	JIION, GIVE SIKEEI	C. CITY OR TO	WN (If outsid	e corporate limits writ	e RURAL	ond give township)		
2419 Amor Ct. D. STREET ADDRESS (If novel, give locoted)	114.2	IIIOIION				F	altimor	. 2	-	35		
S. SEX S. RACE 7. MARRIECD NEVER MARRIED S. DATE OF RETH, Sold birthdoy! P. AGE III yeors Sold birthdoy! A. AGE III yeors A. AGE I									_	1		
S. SEX S. RACE 7. MARRIECD NEVER MARRIED S. DATE OF RETH, Sold birthdoy! P. AGE III yeors Sold birthdoy! A. AGE III yeors A. AGE I			2419 Annor	3±			2/17 Vo	rmit Ct				
Second Colored Color	5. 5				NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Unde	er 1 Yr. If Under 24 Hrs.		
ON USUAL OCCUPATION (give sind or work) OR NND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 2. CHIZEN OF WHAT COUNTRY? 3. FATHER A MAN. 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVERT NO. 15. SOCIAL 15.		famal a		1 -00 0		6116	123		Months	Doys Hours Min.		
S.WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. SOCIAL SECURITY NO. 18. MOSTHERS MAIDEN NAME 18. MOSTHERS MAID NAME 18. MOSTHERS MAIDEN NAME 18. MOSTHERS MAIDEN NAME 18.									10 000			
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CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	13.1	ATHER'S NAM	E 1. 6	1		14. MOTHER'S	MAIDEN NAM	>				
CAUSE OF DEATH CAUSE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE		How	ARA C.	hew				!				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., head followe, eshenic, etc.) It means the disease, injury or complication which coused death.] ANTECENDENT CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITION LAST. (C). OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING! IT. 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED Ves UNDERLYING CONTIRE-	15.	WAS DECEASED	EVER IN U.S. ARME	D FORCES?		17. INFORMANT			ADDRES	S		
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying each least flow of line	_	1V 0	- 3/		CALLET	OF DEATH				I INTERVAL DETWEEN		
Content Cont		278	2 1		CAUSE	OF DEATH						
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ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING MISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST. (C)		(This does n										
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		heart failure, injury or com	osthenio, etc. It meor	deoth.)	561.10							
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					(B)	ple Stab	wounds	0==0===0=======0=0=====000=0====0=	*******			
Column C		RISE TO THE	ABOVE CAUSE (A)	STATING THE	DUE TO							
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	7	UNDERLYIN	G CONDITION LAST	CO COM	(C)							
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	<u>Ô</u>											
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	¥	OTHER SIGN		CONTRIBUTION	NG					County Line		
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	윤	TO THE	DEATH BUT NOT R	ELATED TO T								
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIB	RTI				WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No)	20B IF YES WERE F	INDINGS (CONSIDERED		
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg, injury occur? 22 D TIME (Month) (Doy) (Yeog) (Hopt) 21 E. INJURY OCCURRED OF INJURY (APPROX.) 8 22 66 2:40a. m. WORK NOT WHILE AT NOT WHILE X Stabbed and beaten 22. I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death In my apinian resulted fram: Natural causes Accident Suicide Hamicide X Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg, injury occur? 24 19 Annor Ct. 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 22 Stabbed and beaten 22 ON THE STAND MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMIN	CE				The state of the s			IN CERTIFYING CAU				
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ACTUAL SIGNED SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 8/22/66 NAME (Type) Werner U. Spitz, M.D.								is basis, death in	my apinio	in		
SIGNATURE SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSISTANT MEDICAL EXAMINER 8/22/66		result	red fram: Natural c	ouses A	ccident _ Suicide				ner _			
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 8/22/66			1.100	,	(1/_					DATE SIGNED		
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 8/22/66				In.	Zn (M.D.	ASSISTANT	MEDICAL EX	AMINER 🔀		DATE STORES		
NAME (Type) Werner U. Spitz, M.D.										8/22/66		
		NAME (T	ype) Werne									
			AATION, 238 DATE			CREMATORY	23D. L	OCATION _ (City	, town or	county) (Stote)		
REMOVAL (Specify) 8/25/66 MT, auburn Balto, Mit	KEN	ZIIZIO	1 8/2	5/66	My aut	men	Z	salto. H	und.			
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24G, FUNERAL DIRECTOR ADDRESS	246	DATE REC'D	BY HEALTH DEPT	24R NAME	OF REGISTRAR	OZC. FIINE	RAL DIRECTOR	7		ADDRESS		
N 1 / 1 / 1 / 1 / 1 / 1		. JAIL REED				N.	1 1	1000	1,	- la W		
AUC OA 1066 DO S. C. Fallowa Deph G. Kocks & 1304 N. Cent		AU	2201 1 0 2	00 20	3 Francisco 1	pee	Ph J.	docks X	1/3	04/1. Cent		



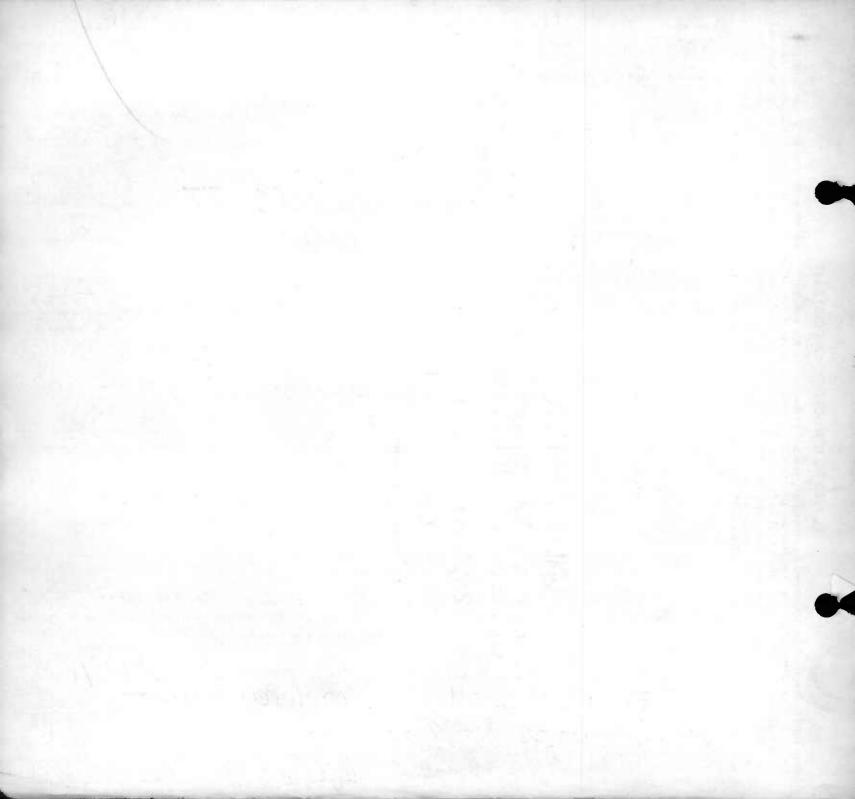
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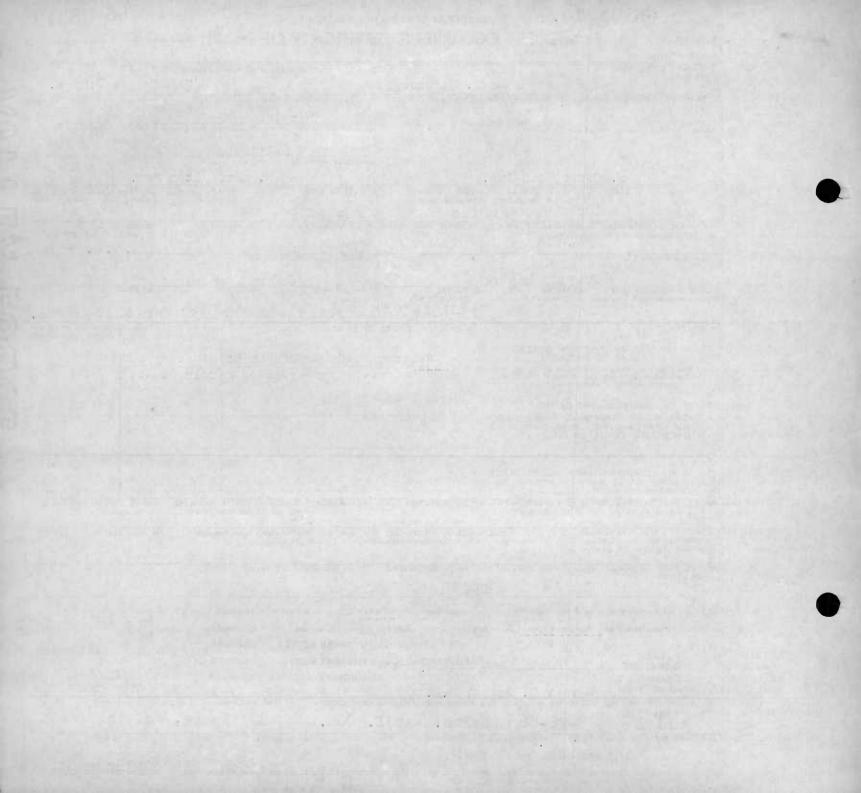
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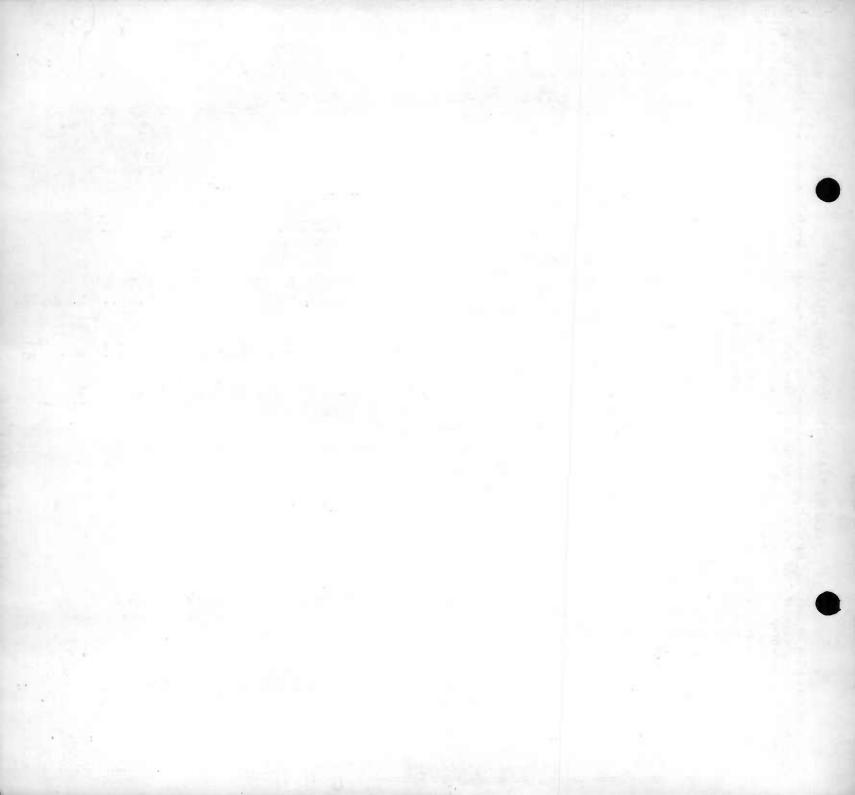
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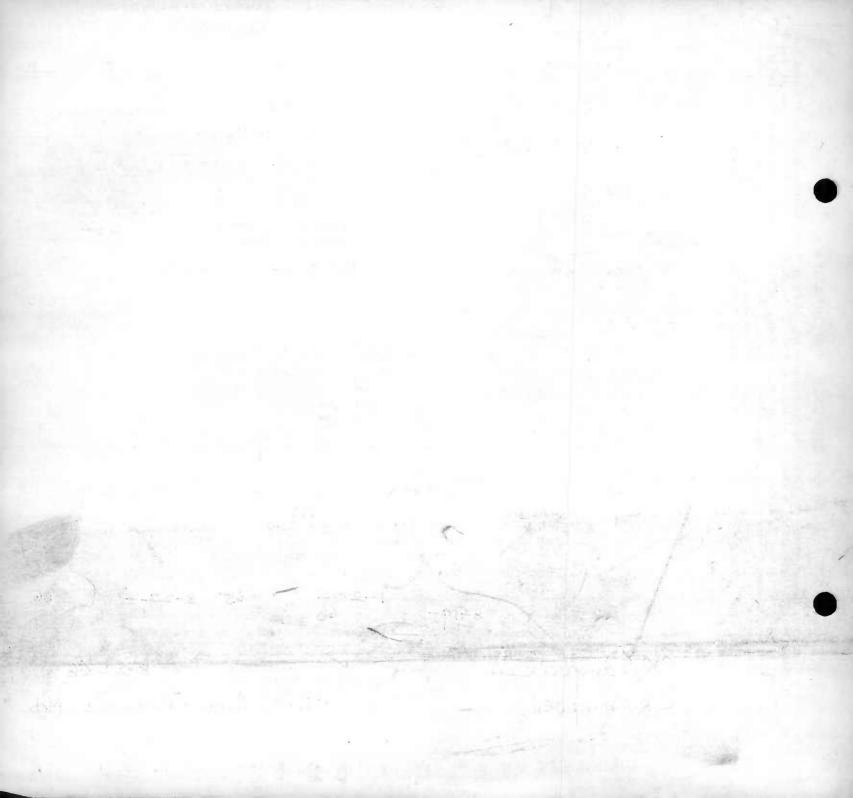
BALTIMORE CITY HEALTH DEPARTMENT



	AME OF DE	CEASED				2. DATE A	ND HOUR PRONOUN	CED DEAD	
(Туре	e or Print)		John J.	Winston			8/23/	66	7:05 a. M.
3. PL	ACE IN BAL	TIMORE, MARYLAND, V	HERE PRONOUNC	ED DEAD	4. USUAL RESID	DENCE (When	e deceased lived. If in B. CC	stitution: resider	nce before admission)
FULL	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	N, GIVE STREET		<u>larylan</u> WN (If outsi	ide carparate limits, w	rite RURAL and	give tawnship)
INST	ITUTION	ADDRESS OR LOC.	A 11 O 11 /			Ralt	imore	11.	-17/
10					D. STREET ADD			-	
F 65		30 N. Carroll		VED. AA ADDIED	B. DATE OF BIRT		Carrollton		V. 16 11-3 24 14-
5. SE	male		7. MARRIED, NE	DRCED (specify)			9. AGE (In year lost birthday)	Manths De	YI. If Under 24 Hrs.
11		colored UPATION (Give kind of wor	Marri		8-14-			12. CITIZEN	
		working life, even if refired)			Maryla			U.S.	COUNTRY?
13. F	ATHER'S NAM	ΛE			14. MOTHER'S N	AIDEN NAM	ME	0.0	
16		Robert		50.5141	17 INFORMATION	Juli	a Carter	ADDRESS	
		(If yes, give war ar dot	es of service)	SOCIAL SECURITY NO.	17. INFORMANT	7.70			
	B 50 ==		41	9-16-1378		y Win	ston 730		ton Ave.
	33			CAUSE	OF DEATH				NSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., heard foilure, asthenia, etc. It means the disease, heard foilure, asthenia, etc. It means the disease,									
	heort foilure	nat mean the made o , asthenia, etc. It mean implication which coused	t dying, e.g., s the discose, death.)	rup	tured and	eurysm	of circle o	f Willis	5
	ANTECENDENT CAUSES								
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO					
		NG CONDITION LAST.		(C)					
NOIT		li		(0)					
S		ENIFICANT CONDITIONS DEATH BUT NOT RE						3 1 4	
ERTIFI	DISEASE C	OR CONDITION CAUSIN	G IT.	CH OPERATION	20A. AUTOPS	r? (Yes or No	20B. IF YES, WERE	FINDINGS CON	NSIDERED
핑	(2)		RFORMED			yes	IN CERTENING CA	USES OF DEAT	TH?
OIL	UNDERLYING	L CAUSE WAS	home, fo	CE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	(If in Boltimore City,	give exact laca	ation)
4EDI	UTING CAL	JSE OF DEATH.	etc.)						
	OF INJURY	(Month) (Doy) (Yes		INJURY OCCURRED		OW DID IN	JURY OCCUR?		
	(APPROX.)		m. WOR	K L AT W					
	l cer	rtify that I held on					his bosis, deoth in		
	resu	Ited from: Notural co	uses X Acci	dent Suicid		ide 🗌	Undetermined mar	nner	
	ACTUA		2/1	15/-			XAMINER X		DATE SIGNED
	SIGNAT		701.	M.D.	ASSISTANT A		EXAMINER _	8/2:	3/66
	NAME ((Type) Werner	U. Spitz	M.D.					
			23 C. N	AME of CEMETERY O	CREMATORY	23 D.	LOCATION (C	ity, town, or cou	unty) (State)
	BURIAL CRE	fy)				13	-7	Many	nd
REM	Buria	1 8-26		lto. Nat!			altimore,		
REM	Buria	1 8-26 BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNE	B RAL DIRECTO	OR .	AD	DRESS
24A.	Buria	8-26 BY HEALTH DEPT. AUG 24 196	24B, NAME OF	REGISTRAR	24C. FUNE	RAL DIRECTO	OR .	AD	

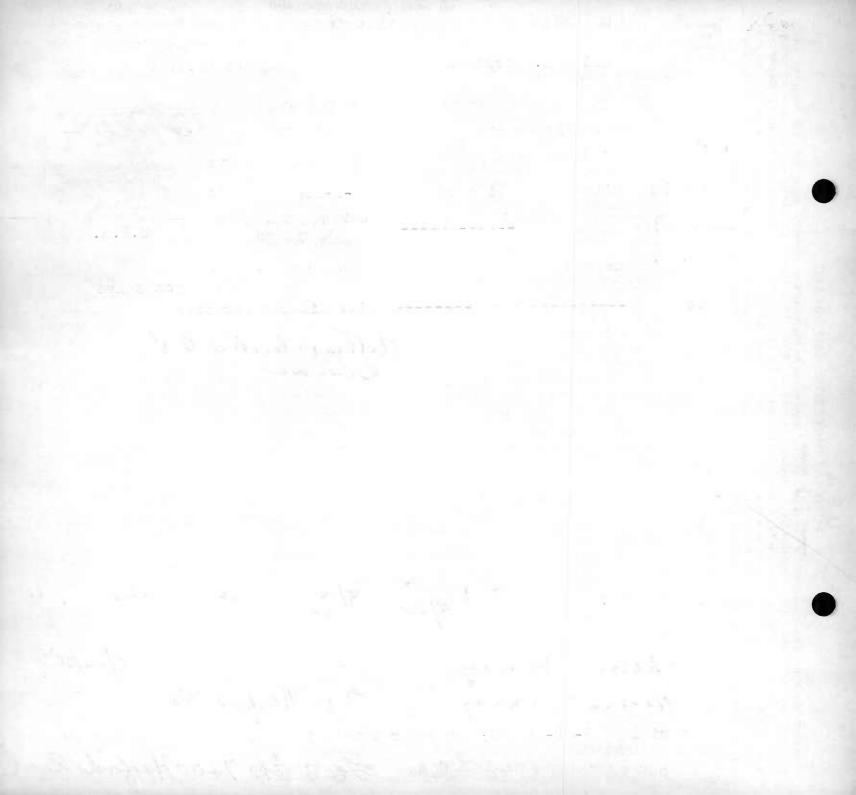






	66 085	TAC		HEALTH DEPARTMEN		00 00549		
M.E. CASE NO.	00 000	740	CERTIFICA	TE OF DEAT		66 08548		
1. NAME OF DECI	ASED		1 - 1 - 1		E AND HOUR OF DEATH			
	James E	. Pre	ttyman	Au	gust 22, 196	6 titution: residence before odmissic		
3. PLACE OF DEA	TH IN BALTIMORE, MARY	LAND		4. USUAL RESIDENCE (A. STATE B. C	Where deceased lived. If ins	tilution: residence before odmissi		
FULL NAME O	F (If not in hospital or	institution	ave theet	Maryland				
HOSPITAL OR	oddress or location)		give silver		outside city limits, write	IRAL and give township)		
THE THE TOTAL OF THE TENT				Baltimore	15	-04		
7) 210	5 Walbrook	Avenu	۵	D. STREET ADDRESS (If rurol, give location)				
~10) WAIDI OOK	114 0110		2105 Wal	brook Avenue			
5. SEX	6. RACE 7		NEVER MARRIED	B. DATE OF BIRTH	9. AGE ((n years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.		
M	Negro		o, divorced (specify)	June 23,18	95 71 vrs.	Monins Doys Hours Min		
	PATION (Give kind of work)			11. BIRTHPLACE (Stote or	loreign country)	12. CITIZEN OF		
done during most of v	vorking life, even if retired)			Maryland		U.S.A.		
3. FATHER'S NAM	(F			14. MOTHER'S MAIDEN	NAME	0.00.41		
- I WILLY S HAW	Lloyd Pre	ttama	n					
		_		Margaret	Dorsey			
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed Force	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
				Vernon R	Bailev 2105	Walbrook Ave		
18.442	0./1		CAUSE O	DEATH	Darrey wie	INTERVAL BETWEEN		
1	E OR CONDITION DIRE	CTLY				ONSET AND DEATH		
	LEADING TO DEATH		A C11	te coronary	obstruction			
	ol meon the mode of o		DUE TO	J				
	osthenio, etc. II meons I plicotion which coused d							
A	NTECEDENT CAUSES		(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	aa 9 aa a mbw 2 aa a a a a waa a aa a aa aa aa aa aa aa			
	R CONDITIONS, if or							
rise to the	obove couse (A)		(C)		**************************************			
UNDERLYING	CONDITION Iosi.							
_	11							
OTHER SIGNII	FICANT CONDITIONS CO	NTRIBUTING	G E Not to my	knowledge				
A DISEASE OR	CONDITION CAUSING IT.				N. V. con to the			
E ITAL DATE OF	OPERATION 198. COND.				IN CERTIFYING CAU	SES OF DEATH?		
None	T WAS UNDERLYING	210	None	No				
OR CONTRIBU	TING CAUSE OF	hom	PLACE OF INJURY (e.g., in te, form, foctory, street, of	fice bidg., INJURY OCCU	R?	City, give exoct location)		
U '	medical examiner No	etc.	None		None			
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?			
(APPROX.)	None	Wh	ile AI NO Not While	N	one			
22 Leastify	that (1) (this basaital)				10 4-	10		
22. I certify that (I) (this haspital) attended the deceased from ON 8-19-66 19 to 19 that (I) (we) lost sow the deceased alive on 8-19-66 19 and that in (my) (su) apinion death occurred on the deceased of								
						ion deoth occurred on the		
ond hour ond	from the couses state	d obove. (I) (ye) (did) (fig for) v	iew the body ofter dec	oth.			
23A. SIGNATU	RE Char		0 110			238, DATE SIGNED		
	TLA. WO	ZMI	an Dervoca"	mding Med. Director	Stoft Phys.	8-23-66		
23C. PHYSICIA	N'S			23D. ADDRESS				
NAME (T)		DEL	M.D.	2404 EUTAW	PL. BALTO.	מוחופ מזו		
24A. BURIAL CREA	MATION, 24B. DATE		AME of CEMETERY or CRE			MD. ZIZI/		
REMOVAL (S	pecily)							
Buria	8-25-66	0	Church Cemet		Howard Count	• •		
25A. DATE REC'D	UG 2 4 1966 d	SB. NAME C	E Tarber M. R	25C. FUNERAL DIREC		ADDRESS		
H	OU 6 = 1300	البدياما	C. Consolina	George G.	Kelson 134	8 N. Calhoun		
/S 150-REV. 1/1/6	5	. 7	12 12 U	1 6 5 5				

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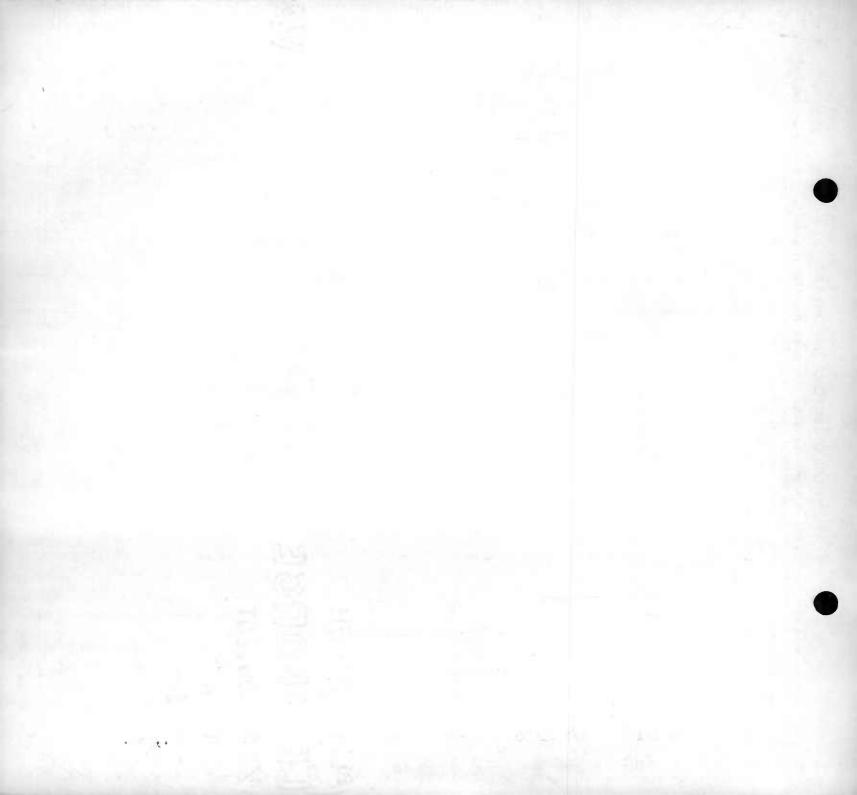
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death

IMPORTAN

DIRECTOR:

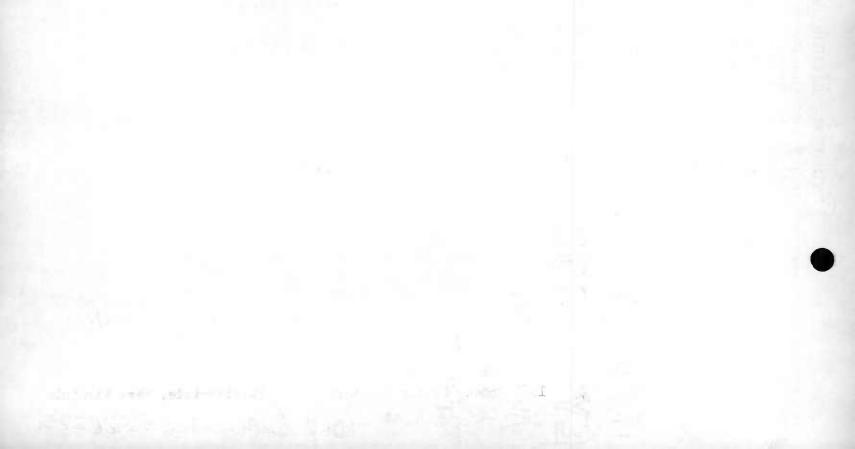
FUNERAL



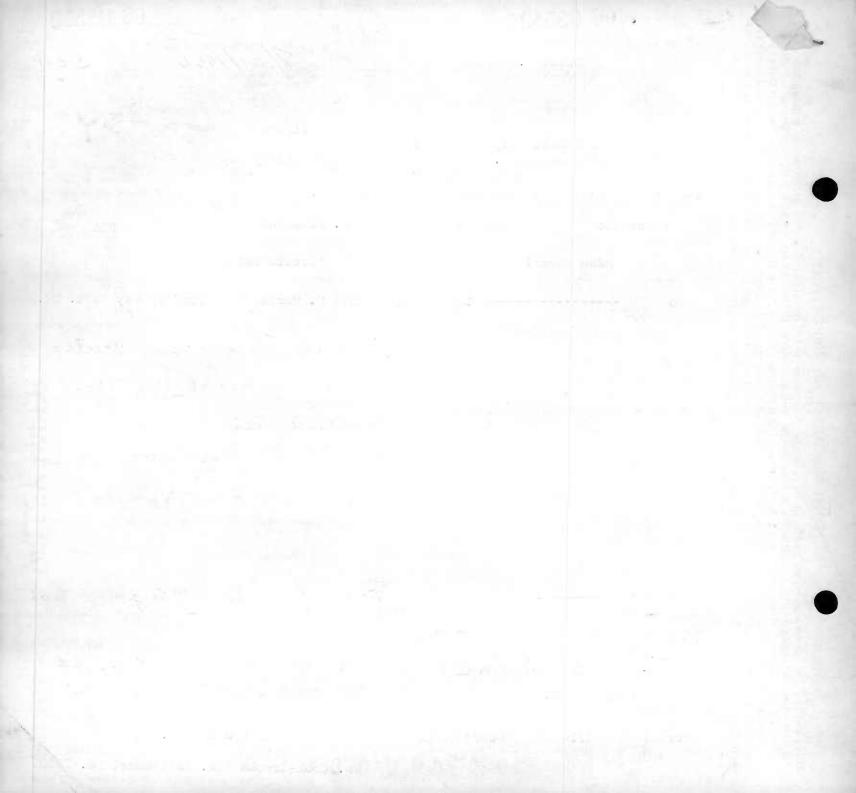
IMPORTANT

DIRECTOR:

FUNERAL



	GC OCE		BALTIMORE CITY	HEALTH DEPARTMENT		CC OCECO		
BIRTH NO.	. 66 085	25	CERTIFICA	TE OF DEATH	Registered No	66 08552		
M.E. CASE NO.	CEASED			2. DATE A	ND HOUR OF DEATH			
Type or Print)	Louise	R. Mar	ing	8/	21/1966	1: 5:30P		
B. PLACE OF DE	ATH IN BALTIMORE, MA		6		ere deceased lived. If ins	titution: residence before admission		
				A. STATE B. COU	NTY			
FULL NAME (OF (If not in hospital oddress or location		give street	Md c. city or town (If or	and the state of t	110.41		
INSTITUTION					uiside city limits, write h	URAL ond nive township)		
1	n . 1	0.21	77 3 4 - 1 -	Baltimore D. STREET ADDRESS (III	rurol, give location)			
1			Hospitals			1,25		
· S EX	Baltimor 6. RACE		NEVER MARRIED	1152 Fraile				
2 EX	o. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.		
Female	Cau		ried	7/20/95	71			
	CUPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
	sewife	Own	Home	N. Carolina		USA		
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME			
	Adam Howe	11		Loretta V	Varner			
W D-			11 / 2001:		ACTIET			
	d Ever in U. S. Armed For n) (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No			217-54-2923	Earl W. Marin	g 1152 Fraile	y Way Balt. Md.		
18. //	2011		CAUSE O	F DEATH		INTERVAL BETWEEN		
DISEA	SE OR CONDITION DIE	RECTLY)	0	ONSET AND DEATH		
	LEADING TO DEATH		101 (1	oronary J.	Krombose	acute-		
	nol meon the mode of osthenio, etc. It meons		DUE TO					
injury or cor								
1	ANTECEDENT CAUSES		(B)	N. Bundle	Branch B	ack .1 gr -		
DISEASES	DISEASES OR CONDITIONS, if ony, giving							
rise to th	e obove couse (A)		(C) al	herorelesos	1			
UNDERLYIN	G CONDITION lost.							
	- 11							
	DEATH BUT NOT RELA							
DISEASE OR	CONDITION CAUSING I	T.						
19A. DATE O	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in the, form, foctory, street, of	fice bldg, INJURY OCCUR?	(If in Bottimore	City, give exact location)		
DEATH (notil	y medical examiner	etc.)					
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
OF INJURY			ile At Not Whil	е 🦳				
		Wo			11	,		
22. I certify	that (1) (this haspital)_attended t	he deceased fram	2-4	1966 to 17 U	19 66		
that (I) (was	lost saw the decease	d alive on	17 - Wig	19 6 b and t	hat in (my) (oor) opir	nion deoth accurred on the da		
and hour on	d from the couses stat	red above. (I	l) (We) (did) (did not) v	iew the bady ofter deoth.				
23A. SIGNAT		10		•		23 B, DATE SIGNED		
1	tomal /	4.1.	M.D. Atte	ending Med. Director	Stoff Phys.	8-23-66		
23 C. PHYSICIA	ANS	Juan		23D. ADDRESS	Phys.	0-23-00		
NAME (TypCoral Gorde	on		611 Park Ave	nue-21201 F	Balto., Md.		
			M.D.					
AA. BURIAL CRI		24C.N/	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (Stote)		
Buria	0 101 16	5 Mes	adowridge	AA	County, Md.			
SA. DATE REAL	PAY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	•	ADDRESS		
JA	2 4 1966 A	0 40	M. Zan G. a	arres at 10	An	imore, Md. 21202		
/s 150-PEV 1/1	4.5	TURN C	- Markethan	MIII COOK. BIOC	THE THE			



ED V 00 00EE0	BALTIMORE CITY HEALTH DEPARTMENT	CC 0.0552
M.E. CASE NO. I.N. AME OF DECEASED (Type or Print)	CERTIFICATE OF DEATH Registered No.	66 08553
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
(Type or Print) TO NES. JESSE JR	8-19-66	7:50 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decreosed lived, If i	institution: residence befare odmissic
FULL NAME OF (If not in haspital or institution, give	a 4 - 1 - 1	11/1/3
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If autside city limits, write	RURAL and give township)
4	Baltimore	
THE UNION MEMORIA	D. STREET ADDRESS (If rural, give lacotion)	
7777	2020 1/2 EUtaw +	Place - 2 1217
5. SEX 6. RACE 7. MARRIED, N	EVER MARRIED B. DATE OF BIRTH 9. AGE (In years last binhday)	If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
Male Negro Zui	nknown 12-24-00 6545	
10A, USUAL OCCUPATION (Give kind of work 10B, KINO OF B dane during most of working life, even if retired)	USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unknown unkr	nown unknown	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jesse Jones, Sr.	Laura Johns	00
15, Was Deceased Ever in U. S. Armed Faices?	6) SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	
Unknown	CAUSE OF DEATH	
18. / 6.3 X 1		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Onthe corebral Homoshaw.	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the diseoser.	OUE TO TEMATIVE TO THE MANTING	
injury or complication which caused death.)		
ANTECEDENT CAUSES	Carlineme of lung	
DISEASES OR CONDITIONS, if ony, giving	Careinemen of lung Careinemen of lung Careinemen of lung Careinemen of lung	
rise to the above couse (A) stoting the UNDERLYING CONDITION last.	2 absence of lt Kridney	
UNDERCTING CONDITION Idsi.	2 2	y. K. Brown
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	THE EE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO CHE	5	
	HICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
TA X /	Yes in Certifing C	ROJEJ OF DEATH!
OR CONTRIBUTING CAUSE OF home,	LACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltima form, factory, street, affice bldg., INJURY OCCUR?	re City, give exact location)
DEATH (natify medical examiner) etc.)		
21D. TIME (Manth) (Day) (Year) (Haur) 21E, If	NJURY OCCURRED 21 F. HOW DID INJURY OCCUR?	
(APPROX.) While	At Work At Work	
22. I certify that (I) (this hospital) attended the	deceased from 8 08 - 66 19 ta	10
	8-19-66 19 66 and that in(my) (our) ap	inian death accurred an the d
and hour and from the causes stated above. (1)		Google George Gir fine G
23A. SIGNATURE .	e/ (uiu/ (uiu nui/ view ine pady offer death.	23B, DATE SIGNEO
1 1 5 V	Alley M.D. Attending Med. Stoff Phys.	8-15-66
of Physicians Clearly F. W.		у
23C. PHYSICIAN'S SIDNEY E. KIRK	CLLI ONTON MEMORIA	AL HOBPITAL
SIONEY E. KIRKLE	= 4' M.O. Uman Memoral	Hay.
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	AE of CEMETERY OF CREMATORY 24D, LOCATION (C	City, tawn, or county) (State)
Burian Cung 23/12 V	Mt Culture Balting	e m
25A. OATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 250 FUNERAL DIRECTOR	ADDRESS
AUG 2 4 1986 @ Patrix	Javana Undrostes tugado	1463 Maren
10 100 0011 1/1/16		-1-1-

Trues, J = 326 Tr Maryland Balt More 1776 5 N. C. W. MANGERS MELL. 2020 1/2 Eutaw Place - 10 Male Negro Punknown 12-24-00 654F5. Unknown unknown unknown Jesse Jones, Sr Loura Johnson Unknown UNEMBER Charles Milmore

00 00554	BALTIMORE CITY H	SEALTH DEPARTMENT	6	66 08554
BIRTH NO. 66 08554 M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No.	0 00004
T. NAME OF DECEASED (Type or Print) ANNIE M.	GiBSON	Mon. A	19. 22, 196	6 9:00A, N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		L' USUAL RESIDENCE (Where	deceased lived. If instituti	on: residence before admission)
FULL NAME OF (If not in hospital or institution, give		MARY	LAND	20-12
HOSPITAL OR oddress or location) INSTITUTION A D D D D D D D D D D D D D D D D D D		C. CITY OR TOWN (If outs	ide city limits, write RURA	L ond give township)
2312 W. PATAP3	CO HVE	D. STREET ADDRESS (If ru	NOPE	4/230
			PATAPSCO	
	VER MARRIED IVORCED (specify) WPD	Sept 17-1880	AGE (In years of Months)	Under 1 Yr. If Under 24 Hrs.
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	SINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign	ERP DERICK	CITIZEN OF WHAT COUNTRY?
House wife AT	Jome 1	hiddletown,	co. md.	U1510.
13. FATHER'S NAME	14	MOTHER'S MAIDEN NAM	E)	
Wm. Notte		FRANCE	-	
	SECURITY NO.	MPS, NAOMI	3UR PITY ODS	Nog Htep) Ame
18. 42211	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	()	0- 1640	· Paran	ET look
(This does not meon the made of dying, e.g.,	DUE TO	Mrs - Massier	an according	2 grass
heart failure, asthenio, etc. It meons the disease, injury at complication which caused death.)	0.4	e made inte	1.0	1 /
ANTECEDENT CAUSES	(B) CL	Misellie	c (.O. A	10 years
DISEASES OR CONDITIONS, il any, giving	0			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	000 000 000 000 000 000 000 000 000 00	1	*** ** 110 100 0 0 ** 400 **************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	208. IF YES, WERE FINDI	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CE OF INJURY (e.g., in corm, loctory, street, offic	e bidg., INJURY OCCUR?	(If in Boltimore City	, give exact location)
W OF INTIES	IURY OCCURRED	21 F. HOW DID THIS	RY O COUR!	
(A PPROX.) While A	Not While	1 Aqi	46	1
22. I certify that (I) (this hospital) attended the d	eceosed from (AA	me gurten is	10 alequ	+22 1966
that (I) (we) lost sow the deceased alive on	1.	()	in (my) (our) opinion	deoth occurred on the dot
ond hour and from the couses stated above. (1) (W	(e) (did) (did not) vie	w the body ofter deoth.		
23A. SIGNATURE			23 B.	DATE SIGNED
1 welselega	M.D. Attend		toff hy s.	8/23/66
23C. PHYSICIAN'S NAME (Type)	231	D. ADDRESS		1
Vici Johan	old M.D.	2301 av	naptos K	1
24A. BURIAL CREMATION, 24B. DATE THUR, 24C. NAME REMOVAL (Specify)	CEMETERY OF CREM		CATION (City, to	wn, or county) (Stole)
BURIAL AU9.25,1966 /	7+ BDOWRI	Dar Cen. H		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	EGISTRAR	256 FUNERAL DIRECTOR		VAN SODRESS
AUG 24 1966 POSE	ATT BURGE	Visitate Commo II	400 SChorles	54-2/230

IMPORTANT

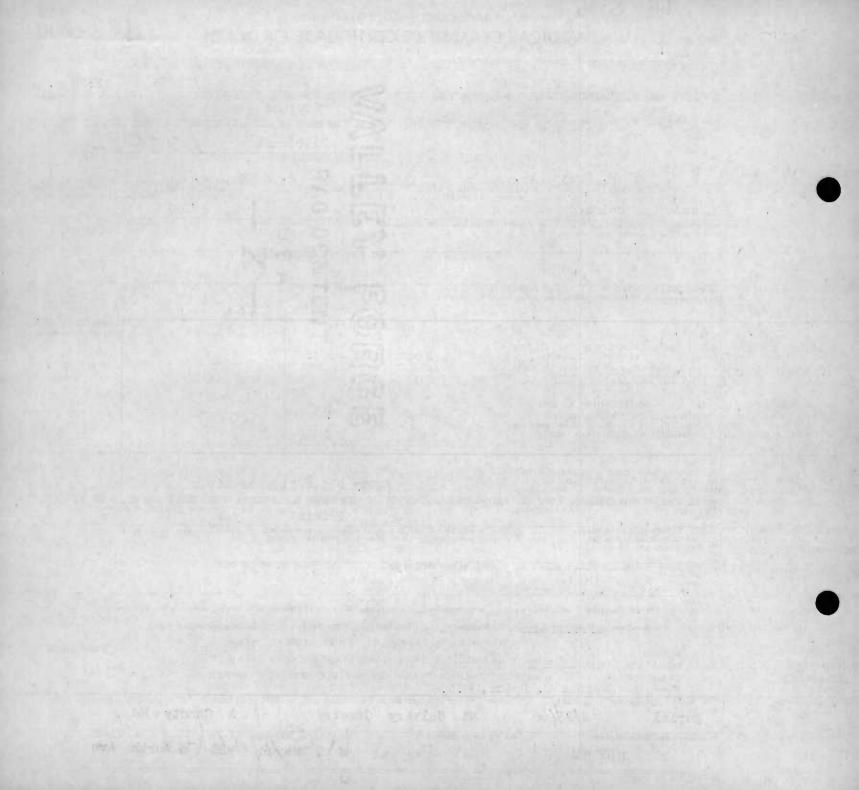
DIRECTOR:

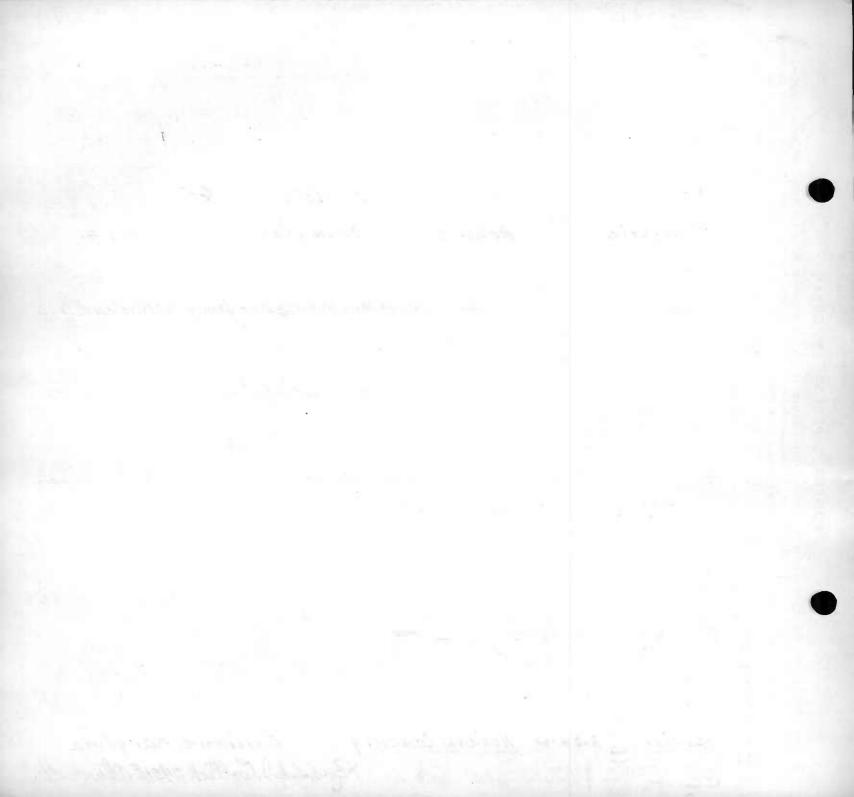
FUNERAL

PARTON LEAINGERA ST.

VS 151-REV. 1/1/65

BI RT	TH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICAT	E OF D	EATH Registe	red No.66	3 085	56
	L CASE NO.					Ta = . ==		D DEAD		
Ту	Pe or Print)		111	n n:11.		2. DATE AND	HOUR PRONOUNCE		0.20	
2 0	I A CE IN RAITIAAC	W1 DRE MARYLAND, W	lliam	R. Bibbs	THE HISHAL PESID	FNCF (Where	8/21/6 deceosed lived. If insti		2:20	
٠. ١	EACE IN BALLING	MARIENIE, W	TILLE TROTTO	Sireto bano	A CTATE	yland	B. COU	NTY		
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA		JTION, GIVE STREET	C. CITY OR TOV		corporate limits, write	RURAL on	d give towns	hip)
4					D. STREET ADDR		give location)			
1	922	W. North	Ave.		922	W. Nor	th Ave.			
5. S		ACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Unde	r 24 Hrs.
	male	colored	WIDOWED,	DIVORCED (specify)			lost birthdoy) 40	Months	Doys Hours	Min.
t0A			kTOB KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	State or foreign		12. CITIZEI	N OF	-
don	e during most of worki	ing life, even if retired)			152			WHAT	COUNTRY?	
13.1	FATHER'S NAME				14. MOTHER'S M.	AIDEN NAME				
15.	WAS DECEASED E	VER IN U.S. ARME	FORCES?	116. SOCIAL	17. INFORMANT			ADDRESS		
		yes, give wor or dot		SECURITY NO.						
								- 1		
	1B.	1		CAUSI	OF DEATH				INTERVAL BE	
		OR CONDITION D		Dwanah	ann aumani e					
	(This does not	ADING TO DEATH	dyina e.a.,	(A)	opneumonia	1				
	heort foilure, ost	henio, etc. It meons	s the diseose,	20110						
		CONDITIONS, IF		(B)DUE TO						
	RISE TO THE A	BOVE CAUSE (A) S	TATING THE	DOE 10						
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REMOVAL (Specify)	SIGNATU EXAMIN NAME (1	ER'S Charles Type) MATION, 23B DATE		C. NAME of CEMETERY	CREMATORY	23 D. Le	OCATION (City,	, town, or co	ounty) (State)
Buryal 8=22-66 Anbutus Men. PK. Anbutus Ma.	SIGNATU EXAMIN NAME (1	ER'S Charles Type) MATION, 23B DATE		5 /	011	23 D. Le	OCATION (City,	, town, or co	ounty) (State)
	SIGNATU EXAMIN NAME (1 23A, BURIAL CREA REMOVAL (Specify	ER'S Charles Type) MATION, 23B DATE	-66	nbutus M	011	23 D. Le	ocation (city,	Md	1,
AUG 2 4 1966 A C. S. E. Farkuma Randolely Dollick 2431 E. Oliver	SIGNATU EXAMIN NAME (1 23A, BURIAL CREA REMOVAL (Specify	ER'S Charles Type) MATION, 23B DATE		nbutus M	011	23D. LO	ocation (city,	Ma	DDRESS
VS 151-REV. 1/1/65	SIGNATU EXAMIN NAME (1 23A, BURIAL CREA REMOVAL (Specify	ER'S Charles Type) MATION, 23B DATE BY HEALTH DEPT.	23 24B, NAME	OF REGISTRAR	011	23D. Le	ocation (city,	Ma	DDRESS

St. 2 - St. T. C. St. C

66 08559

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	E CASE NO.								
1. (Ťy	NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNCED DEAD				
			Ida B. (8/22		45 p. M.
3.	LACE IN BALT	IMORE MARYLAN	ID, WHERE PRO	NOUNCED DEAD	A. STATE	ENCE (Where d	eceosed lived. If inst B. COU	litution: residence be JNTY	efore odmission)
FU	LL NAME OF	(IF NOT IN H	OSPITAL OR INS	STITUTION, GIVE STREET	C CITY OR TOW	Maryla		DUDAL	
IN:	SPITAL OR	ADDRESS OR	LOCATION)		C. CITT OK TOW	IN (II outside	corporate limits, write	RUKAL ond give	10 wnshipi
						Baltin			>
	0001				D. STREET ADDR				
-		. Eastern A					Eastern Av		
5.		6. RACE		IED, NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	Months Days	Hours Min.
	female	white		DOWED	HLKIT	8, 1887	79		
		UPATION (Give kind working life, even if re		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State ar foreign	country)	12. CITIZEN OF WHAT COUR	NTRY?
1	OUSEW	NFE		UN HOME	MARY	LAND		4.5.1	
13.	FATHER'S NAM				14. MOTHER'S MA				
	NHOL	HISLE	Y		Louis	SE FL	ICHS		
		D EVER IN U.S. A			17. INFORMANT	L. J. K. II		ADDRESS	BALTO.
	NO.	, , , , , , , , , , , , , , , , , , , ,		713-54-7761	W.GRA)	1 2001	EASTER	PAL AUF.	MD. 2123
	1B. (4 1)	7 7 -		CAUSE	OF DEATH	~~~	CITOTER		AL BETWEEN
	1000	1							AND DEATH
	DISEA	SE OR CONDITION LEADING TO D	EATH		osclerotic	cardiov	vascular di	sease	
	(This does in	not meon the mo	de of dying e	e.g., DUE TO	***********				
	injury or co	mplication which co	oused deoth.)						
	A	ANTECENDENT C	AUSES					707	
	DISEASES	OR CONDITIONS	, IF ANY, GIVIN	IG DUE TO			*********************		
		E ABOVE CAUSE		HE					
Z				(C)					
F	OTHER CLO		TONE CONTRIB	HAING	Barris Salay				
S	TO THE	DEATH BUT NO	T RELATED TO		Pulmonary	emphyse	ema		
CERTIFICATION		R CONDITION CA		OR WHICH OPERATION				UDINIOS GONGIDE	
CE	ITA. DAIL OF		SPERFORMED	OR WHICH OPERATION	no	1105 01 1401 2	OB. IF YES, WERE FIN	SES OF DEATH?	KED
A.	21 A. EXTERNA	L CAUSE WAS		18. PLACE OF INJURY (e.g.,		HERE DID (II	in Baltimore City air	ve exect lecation)	
EDICA	UNDERLYING	OR CONTRIB-	lh	ome, form, foctory, street,	office bldg., INJURY	OCCUR?	in bolimore only, gi	ve exect locollent	
Ä									
	OF INJURY	(Month) (Doy)	(Yeor) (Hour)	21 E. INJURY OCCURRED	21 F. HO	W DID INJUR	Y O CCUR?		
	(APPROX.)			m. WHILE AT NOT	WHILE ORK				
	22.	tify that I held a	n Inquiry	Inspection X Au	topsy ond	that on this	bosis, deoth in m	v opinion	
		ted from: Notur							
	19501	Ted from: Notur	al conses M	Accident Suicid			determined monne	er 🔛	
	ACTUA	L /110	2001	7/1/		DICAL EXA		DAT	E SIGNED
	SIGNAT	URE [NO	my !	1 Cpa (M.D				0/22/6	4
	EXAMIN NAME (T 1	-		ASSOCIATE MI	EDICAL EXA	MINER	8/23/6	0
23/	BURIAL CRE			Spitz, M.D.	CREMATORY	23D. LO	CATION (City	town, or county)	-tStote)
	MOVAL (Specify	y) (1)				200, 20,	CALLOIT COLLY,	to the or country	3 (31010)
	Burial			Oak Lawn Cemet		Bal	timore Co.	. Md.	
24	A. DATE REC'D	BY HEALTH DEPT.	24B, N A	ME OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADDRESS	
	Δ	HG 24 191	66 10	So F Fra. Course	W. Fial	Lkowski.	2007 East	ern Ave	Balto.
VS	151-REV. 1/1/	65	1 7	5000	7/0 5	OK DE	unt 1		d. 21231
					V	and the	The contract of the contract o	1	TICALS ON

Link to the data of Total Control of the testallegest, 2002 Suprair Ave., Raism.

VS 150-REV. 1/1/65

VS 150-REV. 1/1/65

 hospital

IMPORTAN

DIRECTOR:

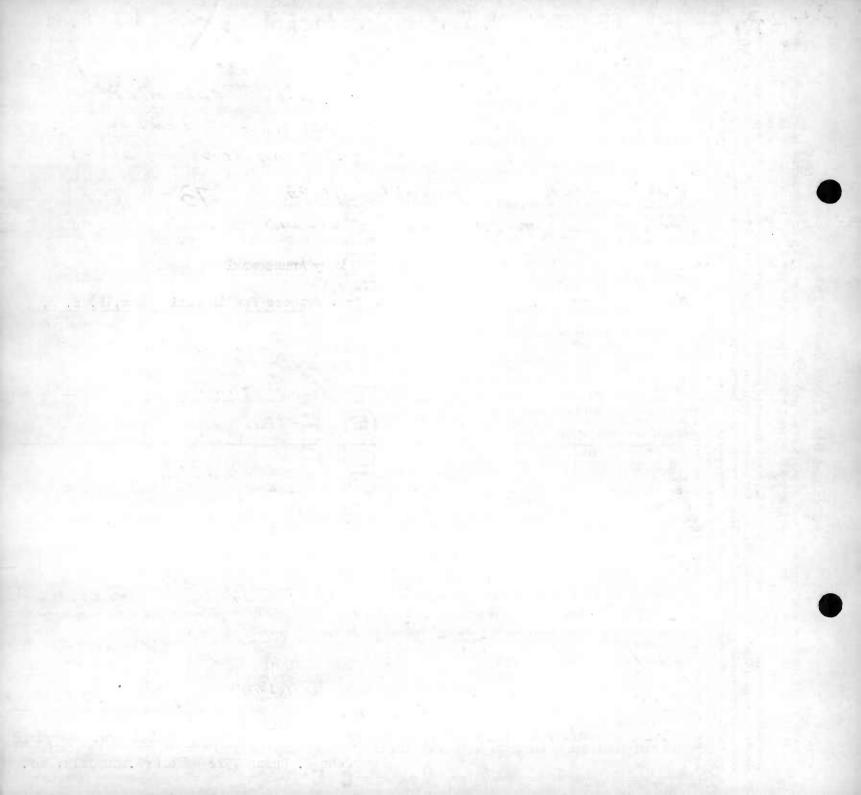
FUNERAL



VS 150-REV. 1/1/65

NAME OF D						
(ype or Print)		V. PHII	LLINGER		E AND HOUR OF DEAT	
PLACE OF C	DEATH IN BALTIMORE, MA		THODK		ug. 21, 196	institution: residence before admissi
FULL NAME HOSPITAL O INSTITUTION	OF (If not in hospital R oddress or location	or institution, (n)		Md. C. CITY OR TOWN Balto. D. STREET ADDRESS	OUNTY If outside city limits write (If rurol, give location)	e RURAL and dive (swiship)
						21229
FEMALE		WIDOWED	NEVER MARRIED DO DIVORCED (specify) DOWED	7/1/91	9. AGE (fn years fost birthday) 75	If Under 1 Yr. If Under 24 Manths Days Hours Min
one during most	CCUPATION (Give kind of worl of working life, even if retired) USEWITE	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N				14. MOTHER'S MAIDEN	NAME	0011
	WITT	S		unknow	'n	
5. Was Deceas les, no or unkno	sed Ever in U. S. Armed For wn) (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			none	Maurice J.	Beall 33 N.	Prospect Ave. 212
Injury or c		I dooth \				
rise fo UNDERLYI	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II SNIFICANT CONDITIONS C DEATH BUT NOT RELA	ony, giving stofing the	(B) DUE TO (C) / 5	eggerts & Blow	resles	Lewhs
OTHER SIG	ANTECEDENT CAUSES OR CONDITIONS, if line obove couse (A) NG CONDITION lost. II SINIFICANT CONDITIONS CAUSING OF CONDITION CAUSING OF C	ony, giving stofing the CONTRIBUTING ATED TO TH	(B) DUE TO (C) / 5	Speris so of low 20A. GUTOPSY? (Yes	LUS (O) SOL	Acutos E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNOTHER	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION tost. II CHIEFICANT CONDITIONS CO DEATH BUT NOT RELA OR CONDITION CAUSING IN OF OPERATION 198. CON	ony, giving stofing the CONTRIBUTING ATED TO THE IT. NOTION FOR VICE CONTRIBUTION FOR VICE CONTRIBUTION FOR MED.	G CO COMMITTED TO	n or about 21 C. WHERE D	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNATION OTHER SIGNATION THE DISEASE CONTRACTOR OF	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II CONTINUE OF CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING TO CONDITION CAUSING TO CONDITION CONDITIONS	ony, giving stofing the CONTRIBUTING ATED TO THE STORM FOR VIFORMED 21B. hometc.	GE COMMITTED (C)	n or obout 21C. WHERE D ffice bldg., INJURY OCCU	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNATION OF INJURY (APPROX.) 23C. PHYSIC 23C.	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II CONTINUED TO THE PART OF THE PART	ony, giving stofing the CONTRIBUTION FOR VITE CONTRIBUTION FOR VI	GE COMMINICATION PLACE OF INJURY (e.g., in the form, factory, street, on the form) INJURY OCCURRED The deceased from	21F. HOW DIE	IN CERTIFYING C	ore City, give exact location) 19 6. 19 6. 19 19 19 19 19 19 19 19 19 19 19 19 19 1

national and the I would not be a second of the second of the second



deceased prior to written approval SD M LEVINSON & BROS. INC. 6010 REISTERSTOWN

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19.

(Stotel

PKWY. PL. 2200 BENJ. FRANKLIN

If Under 1 Yr. If Un Months! Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY?

PARK TOWNE PRESCE

2200 BENJ. FRANKLIN PKWY INTERVAL BETWEEN

ONSET AND DEATH hour

2 years ago

3 years 208. IF YES, WERE FINDINGS CONSIDERED

IN CERTIFYING CAUSES OF DEATH?

(If in Boltimore City, give exact location)

1966 10 AUGUST

23B. DATE SIGNED

BALTIMORE

(City, town, or county)

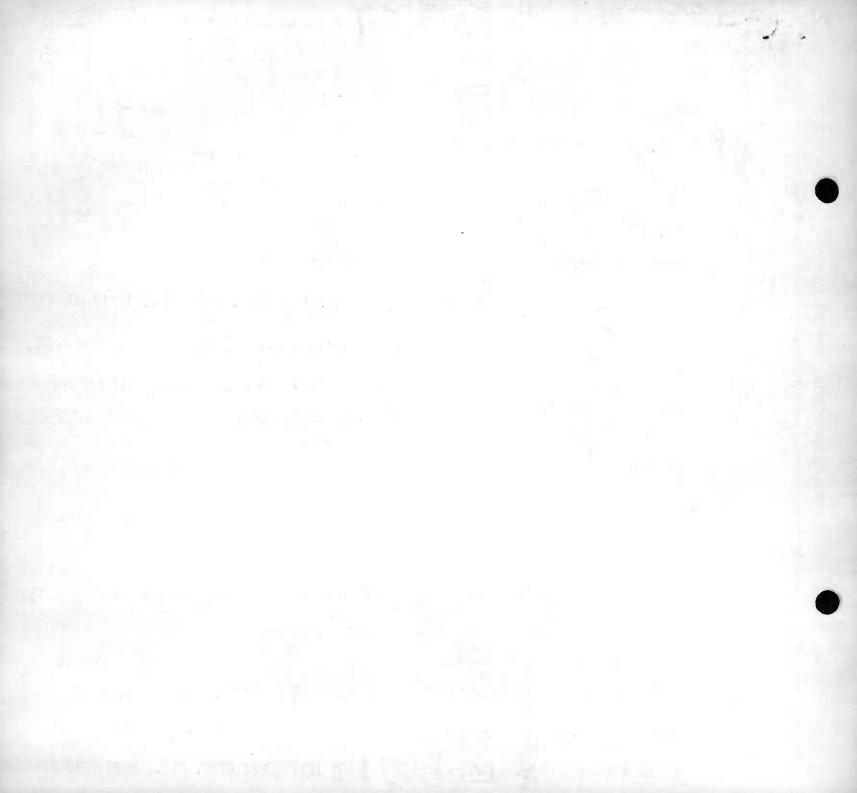
BALITMORE, MARYLAND

VS 150-REV. 1/1/65

75 (P-1)-1

IMPORTANT

FUNERAL DIRECTOR:



	BALTIMORE CITY HEALTH DEPARTMENT
DOKON	CENTIFICATE OF DEAT

66 08567

BIRTH NO.	66 085	67 CERTIFIC	ATE OF DE	ATH Registered No	. 66 08567			
M.E. CASE NO.	SED		2	DATE AND HOUR OF DEAT	тн 21			
(Type or Print)	NET	TIE SHAPOFF		AUGUST 23, 190	66 1 1 1			
3. PLACE OF DEATH	H IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDE	NCE (Where deceased lived, 19 B. COUNTY	f institution: residence before admission			
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or locotic	or institution, give street	MARY LAND		RURAL and give township)			
D PALL	MALL NURSIN	G HOME	BALTIMOR D. STREET ADDRE		<i>1-1 50</i>			
5. SEX 6.	RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH	· · · · · · · · · · · · · · · · · · ·	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.			
	rking life, even il retired)	AT HOME	RY 11. BIRTHPLACE (S	tote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME				
SHALOM LI	EVIN		CHANNA	REVA ?				
15. Was Deceased Ex	ver in U. S. Armed Fo f yes, give war ar dat	rces? 16. SOCIAL	17. INFORMANT		ADDRESS			
NO	r yes, give war ar aar	218-32-2148	MRS. RU	TH TRALINS, 540	6 CLOVER ROAD			
18. / 9 (.01		OF DEATH	THE PROPERTY OF THE PROPERTY O	INTERVAL BETWEEN			
	OR CONDITION DI	RECTLY	1 le mant	melanoma	ONSET AND DEATH			
	mean the made of	dying, e.g.,	wild non!	110 2011 2011 2011	4 years			
	ication which coused		description .					
	ANTECEDENT CAUSES (B)							
rise la lhe	CONDITIONS, if above cause (A) CONDITION last.		Am.					
TO THE DEA	CANT CONDITIONS (ATH BUT NOT REL ONDITION CAUSING	ATED TO THE						
		NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY?		RE FINDINGS CONSIDERED CAUSES OF DEATH?			
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF	21B. PLACE OF INJURY (e.g home, farm, factory, street, etc.)	office bldg., INJURY	ERE DID (If in Baltin	nore City, give exact location)			
21D. TIME OF INJURY (APPROX.)	Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Not Work At Wo	hile	W DID INJURY OCCUR?				
	22. I certify that (I) this haspital attended the deceased from 2 and 19 65 to 19 to 19 that (I) (we) last saw the deceased alive an august 2 leg 19 66 and that in (my) (aur) apinian death accurred an the day							
and haur and f		ated abave (II) (We) (did) (did nat	Attending Me	d. Stoff	23B. DATE SIGNED			
23 C. PHYSICIAN' NAME (Type		72)	23D. ADDRESS	Medical C	Cots Bloke			
24A. BURIAL CREMA	ATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY	24D. LOCATION	(City, town, or county) (State)			
RUDTAL	8/25/	66 I MICHE EMINAHA	- ATTT CHAT	M RAITTHOPE	MADVIAND			

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

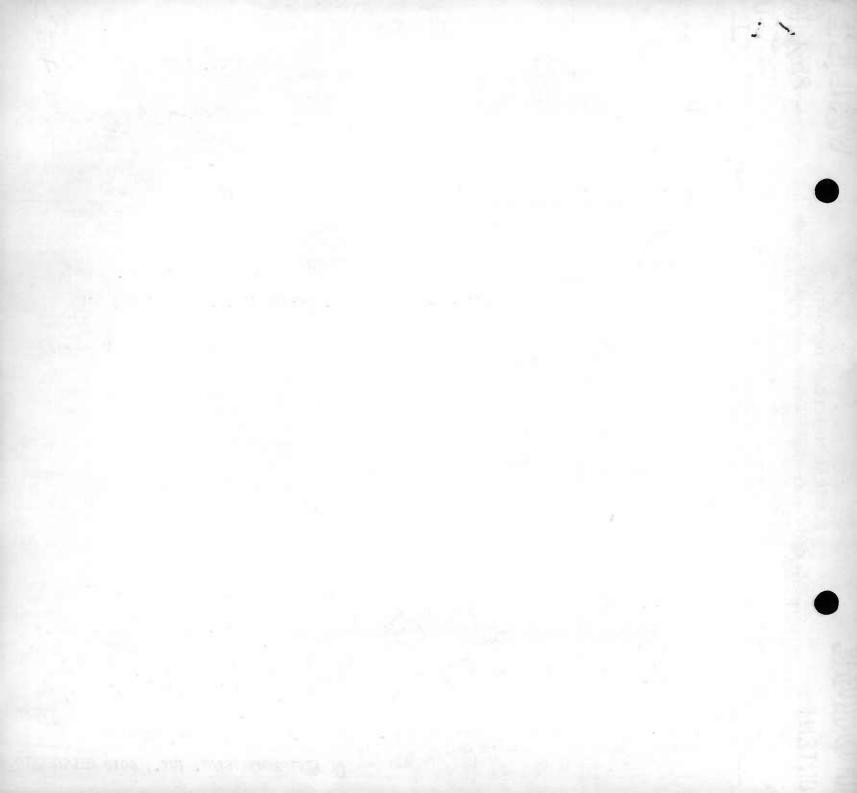
25A. DATE REC'D BY HEALTH AUG 24

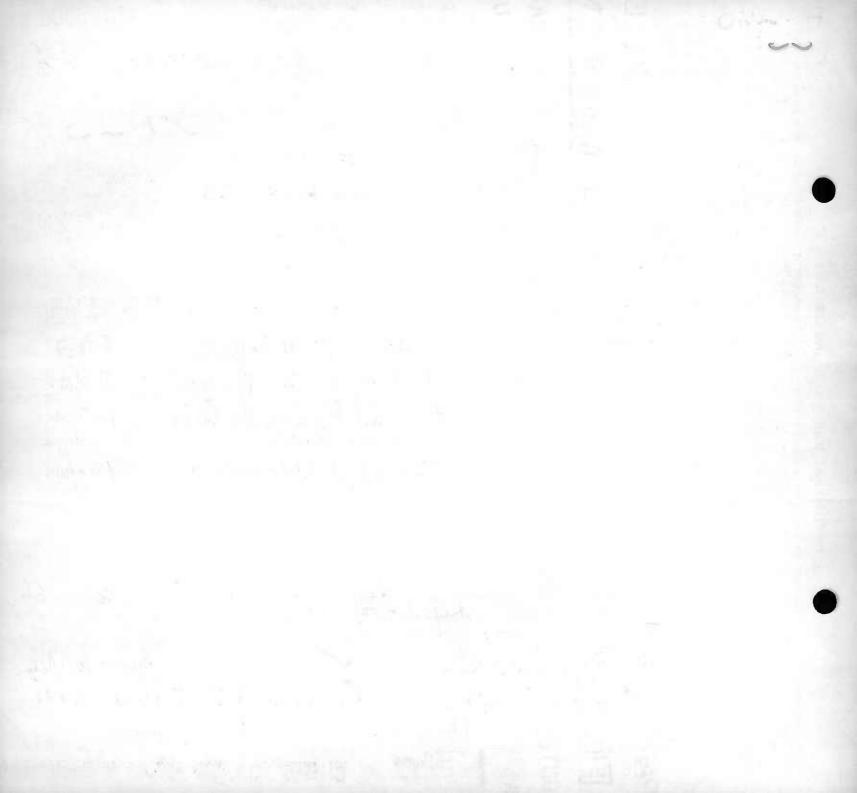
DEPT.

258. NAME OF REGISTRAR

IEVINSONDE BROS. INC., 6010

ADDRESS REISTERSTOW



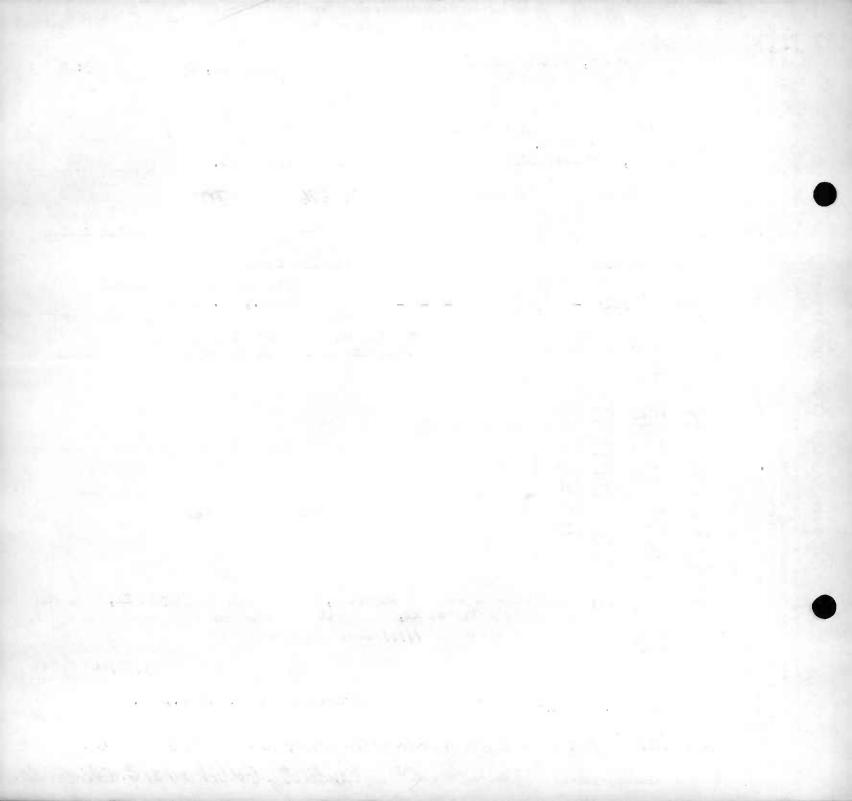


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ERTIFICATE OF DEATH

Registered	Na	66	08569	}
Registered	Na	UU	UOUU.	

(T.,	LE CASE NO.		CERTIFICA	2. DATE AN	D HOUR OF DEATH			
LIY	(pe or Print) Ferguson, Mil	ton Thom	as	Assessed	+ 27 7066	1 2.10 A.		
	PLACE OF DEATH IN BALTIMORE, M			4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. Il institutive	3:48 A M.		
	FULL NAME OF (If not in hospital or institution, give street			Maryland				
	HOSPITAL OR oddress or locoti		21-7		side city limits, write RUR	AL ond give (to waship)		
7	Veterans Administra		pital	Baltimore		-08		
1	3900 Loch Raven Blv				urol, give locotion)			
	Baltimore, Maryland			2006 Kennedy				
5.	Male Negro		NEVER MARRIED D, DIVORCED (specify) Ced	7/24/96	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.			
	A. USUAL OCCUPATION (Give kind of we		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	an country)	2. CITIZEN OF		
	ne during most of working life, even if retired Chauffeur			Maryland		WHAT COUNTRY?		
	FATHER'S NAME			14. MOTHER'S MAIDEN NAM		United States		
	Thomas Ferguson			Anna May Scot				
	Was Deceased Ever in U. S. Armed Fes, no or unknown) (If yes, give wor or do 8/22/18-8/1	tes of service)	16. SOCIAL SECURITY NO. 212-03-90-11	17. INFORMANT Veteral Balto.	ns Hospital R	ecorde		
-	1B. 2		CAUSE O	F DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION D	IRECTLY	Genera	lized Carcinomat	osis primary	ONSET AND DEATH		
	LEADING TO DEATH	4Months						
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)							
	ANTECEDENT CAUSE		(B)					
	DISEASES OR CONDITIONS, if		(C)					
	UNDERLYING CONDITION last.	3		********************************				
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	CONTRIBUTING THE	G E					
CAI	19A. DATE OF OPERATION 19B. CO		WUICH OREBATION	120 A ALLTOBOVO (V o- No)	200 15 455 14555 5111	DINGS CONSIDERS		
ERTIFIC	WAS PE	RFORMED		Yes or No.	Yes			
0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)		ne, form, foctory, street, of	or obout 21C. WHERE DID iffice bidg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)		
AL		JRY OCCUR?						
U	21D. TIME (Month) (Doy) (Yeo	While At Not While						
	OT INJUNI		HE AT NOT WHIT	e 🦳				
EDIC	(APPROX)	Wo	rk Al Work					
EDIC	(APPROX) 22. I certify that (X(this haspit	Wo al) attended t	rk Al Work he deceased from AU	rust 5.	966 to Augus	t 21, 1966		
EDIC	(APPROX)	Wo al) attended t	rk Al Work he deceased from AU	rust 5.	966 ta Augus	t 21, 1966		
EDIC	(APPROX.) 22. I certify that (X)(this haspit that ₹1) (we) last saw the decea	Wo al) attended t sed alive an	he deceased from Aug August 21,	gust 5, 1	966 ta Augus	t 21, 1966 n death accurred an the data		
EDIC	(APPROX) 22. I certify that (X(this haspit	Wo al) attended t sed alive an	he deceased from Aug August 21,	gust 5, 1	rt in (₩1340) (aur) apinia	t 21, 1966 n death accurred an the date		
EDIC	(APPROX.) 22. I certify that (X (this haspit that ₹1) (we) last saw the decearand haur and fram the causes st	Wo al) attended t sed alive an	Al Work he deceased from August 21, K (We) (did) (fill hop)	gust 5, 1	tin (Ma)() (aur) apinia	n death accurred an the date B. DATE SIGNED		
EDIC	(APPROX.) 22. I certify that (X)(this haspit that (1) (we) last saw the deceased and haur and fram the causes standard signature	Wo al) attended t sed alive an	All Work he deceased from August 21, K (We) (did) (fin hor)	gust 5. 1 19 66 and the riew the bady after death.	rtin (Magi) (aur) apinia	n death accurred an the date		
EDIC	(APPROX.) 22. I certify that (X (this haspit that 1) (we) last saw the decear and haur and fram the causes st 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type)	wo al) attended to seed alive an ated abave. 70	Al Work he deceased from August 21, K (We) (did) (did hot)	gust 5, 1	Sloff Phys.	n death accurred an the date B. DATE SIGNED 8/21/66		
MEDIC	(APPROX.) 22. I certify that (X) (this haspit that (1) (we) last saw the deceased and haur and fram the causes staged. SIGNATURE 23C.PHYSICIAM'S NAME (Type) Ralph H. Twinin A. BURIAL CREMATION, 1248. DATE	Wo al) attended to seed alive an ated abave. Your g	Al Work he deceased from August 21, K (We) (did) (did hot)	gust 5, 1966 and the riew the body after death. Sinding Med. Director 23D. ADDRESS Veterans Hospital	Stoff Phys. A Balto., M	n death accurred an the date B. DATE SIGNED 8/21/66		
MEDIC	(APPROX.) 22. I certify that (X (this haspit that (1) (we) last saw the decear and haur and fram the causes st 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Ralph H. Twinin	Wo al) attended to seed alive an ated abave. Your g	he deceased from Aug August 21, K (We) (did) (did hot) v M.D. Alle Phy	gust 5, 1966 and the riew the body after death. Sinding Med. Director 23D. ADDRESS Veterans Hospital	Stoff Phys. A Balto., M	n death accurred an the date. B. DATE SIGNED 8/21/66 d.		
MEDIC	(APPROX.) 22. I certify that (X) (this haspit that (1) (we) last saw the deceased and haur and fram the causes staged. SIGNATURE 23C.PHYSICIAM'S NAME (Type) Ralph H. Twinin A. BURIAL CREMATION, 1248. DATE	Wo al) attended to seed alive an ated abave. Your g	he deceased from Aug August 21, K (We) (did) (did hot) v M.D. Alle Phy	gust 5, 1966 and the riew the body after death. Sinding Med. Director 23D. ADDRESS Veterans Hospital	Stoff Phys. A Balto., M	n death accurred an the date R. DATE SIGNED 8/21/66 d.		
MEDIC	(APPROX.) 22. I certify that (X) (this haspit that (1) (we) last saw the deceased and haur and fram the causes staged. SIGNATURE 23C.PHYSICIAM'S NAME (Type) Ralph H. Twinin A. BURIAL CREMATION, 1248. DATE	Woal) attended to sed alive an ated abave. 20	he deceased from Aug August 21, K (We) (did) (did hot) v M.D. Alle Phy	gust 5, 1966 and the riew the body after death. Sinding Med. Director 23D. ADDRESS Veterans Hospital	Stoff Phys. A Balto., M	n death accurred an the date B. DATE SIGNED 8/21/66 d.		



IMPORTANT

FUNERAL DIRECTOR:

TITE. "NITHE, J.

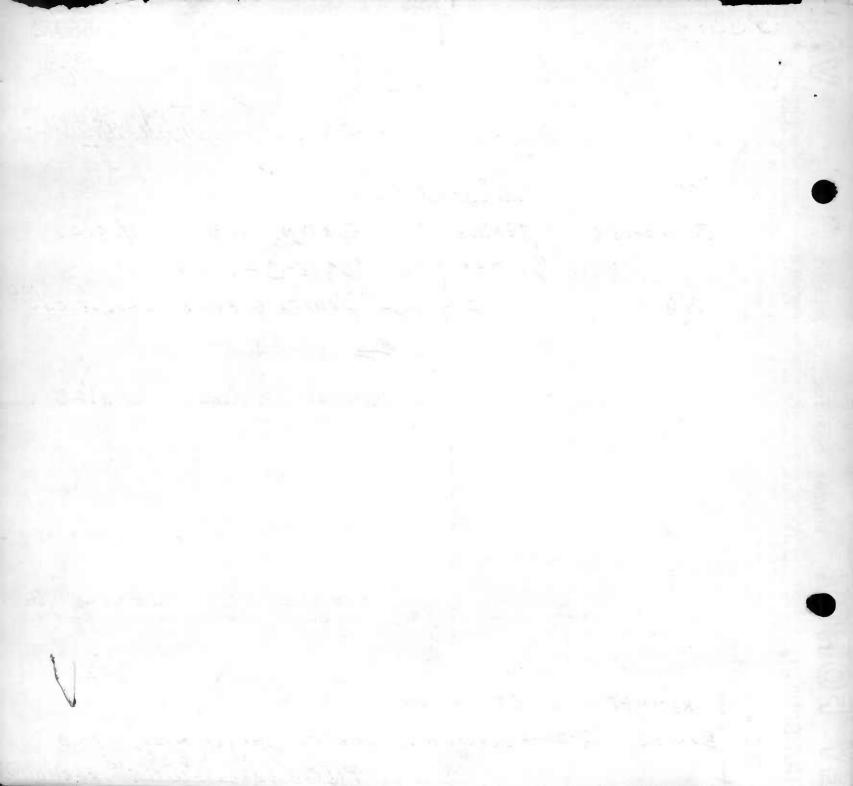
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

66 08572	BALTIMORE CITY	HEALTH DEPARTMENT		MA-07-73				
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	66 08572				
1. NAME OF DECEASED	1 0	2, DATE AND	OUR OF DEATH	, 30/				
PLACE OF DEATH IN BALTIMORE, MARYLAND	amuel	4. USUAL RESIDENCE (Where de	eceosed lived. If instit	ution; residence before odmission)				
		A. STATE B COUNTY		Doti				
FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	, give street	C. CITY OR TOWN (If ourside	city limits, write RUF	RAL and give township)				
	1	Bakor (we	211/ 411	to March				
Johns Hopkins Hospita		D. STREET ADDRESS (If rurol,	give location	52-00				
				0000				
01/ 10 300	DIVORCED Specify	3/27/92 "	birthdoy) N	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.				
OA. USUAL OCCUPATION (Give kind of work TOB, KIND (lane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign of	ountry) 1	12. CITIZEN OF WHAT COUNTRY?				
T. WEAVER TEX	TILE	ELETON, N	(D.	4.5.A.				
3. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAME						
Jamuel 1/ H	AMNOND	SUSIE-CAI	DEN					
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	MR S		ADDRESS				
NO	217-01-1415A.	VENETA B.	FROCK C	"HARLESBUN				
18.420, 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C. A. A	+					
(This does not mean the made of dying, e.g	(A) DUE TO	Cinclina Am	23 /					
heart failure, astherio, etc. It means the disease injury or camplication which caused death.)		11.0	1.	(//				
ANTECEDENT CAUSES	(B)	yourchal intere	Hon	approxilams.				
DISEASES OR CONDITIONS, if any, givin	g	<i>(</i> -		11				
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	e (C)		·	***************************************				
II .								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTII TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121	N G							
DISEASE OR CONDITION CAUSING IT.		TOTA AUTOBOX2 (You or No.) 20	D 15 Vec Ment clas	Oluce CONFIDENCE				
WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	CERTIFYING CAUSE	S OF DEATH?				
	B. PLACE OF INJURY (e.g., i	or obaut 21C. WHERE DID	(If in Baltimore C	ity, give exact location)				
▼ DEATH (notify medical examiner) et	ome, form, foctory, street, o c.)	fice bldg., INJURY OCCUR?						
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?					
	/hile At Not While At Work	е						
22. I certify that (I) (this hospital) attended the deceased from 5.35/M 8/2 19 66 to 6.30 pm 8/2 19 65 that (I) (we) lost sow the deceased alive on 8/2 19 66 and that in (my) (our) opinion death occurred on the date								
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.								
23A. SIGNATURE	(1) (1.0)(019) (010 1101)	Tow The Cody Offer decini.	23	B. DATE SIGNED				
Temento I Dricherum.	M.D. Att	minding Med. Stoff		8/25				
23C.PHYSICIAN'S		23D. ADDRESS	77 (1	0/12				
NAME (Type)	Id KA MM.D.	Johns Hookins	Hospitel					
24A. BURIAL CREMATION, 24B. DATE 24C.1	NAME OF CEMETERY OF CR	MATORY 24D. LOCA	TION (City,	town, or county) (State)				
BORID 2 6-26-66 CH	LEPRU MILL	METH. CHE	276 1111	, x4 A				
	OF REGISTRAR	25C. FUNERAL DIRECTOR	3/1/4/2	ADDRESS				
AUG 2 4 1966 (P. P. A. S.	Janke MA	PROPONTENT	EDAI HOX	AB ELETONN				
'S 150-REV, 1/1/65		1 1 1 1 1 1 0 1	= K11-110N	EL				



23 CHAME OF CEMETERY OF CREMATORY

248. NAME OF REGISTRAR

23D. LOCATION

FUNERAL DIRECTOR

(Stote)

(City, town, or county)

ADDRESS



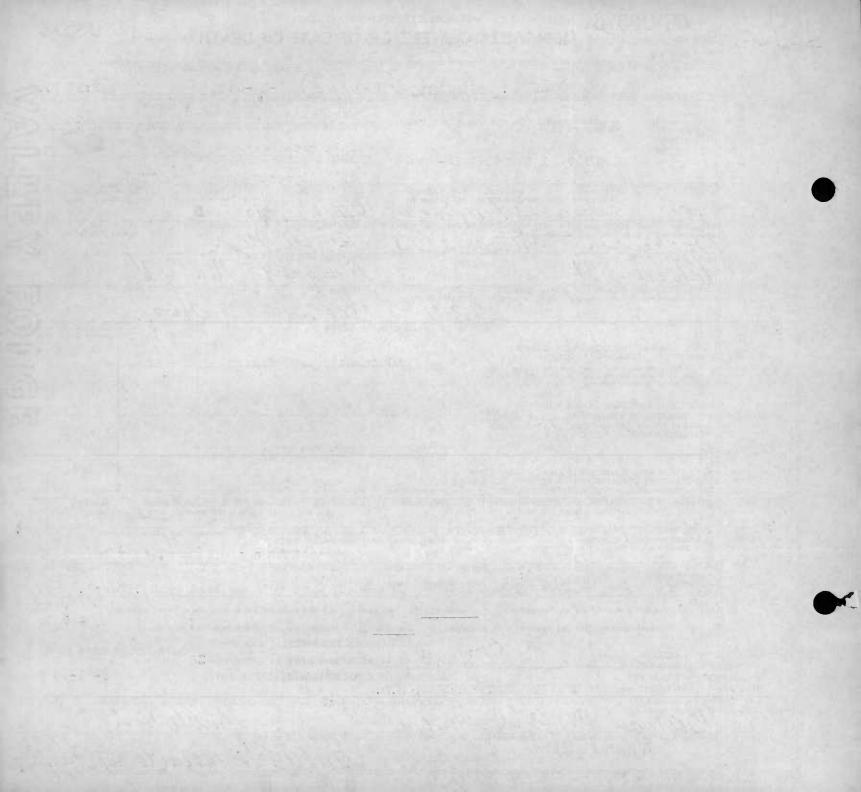
23A, BURIAL CREMATION.

24A, DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

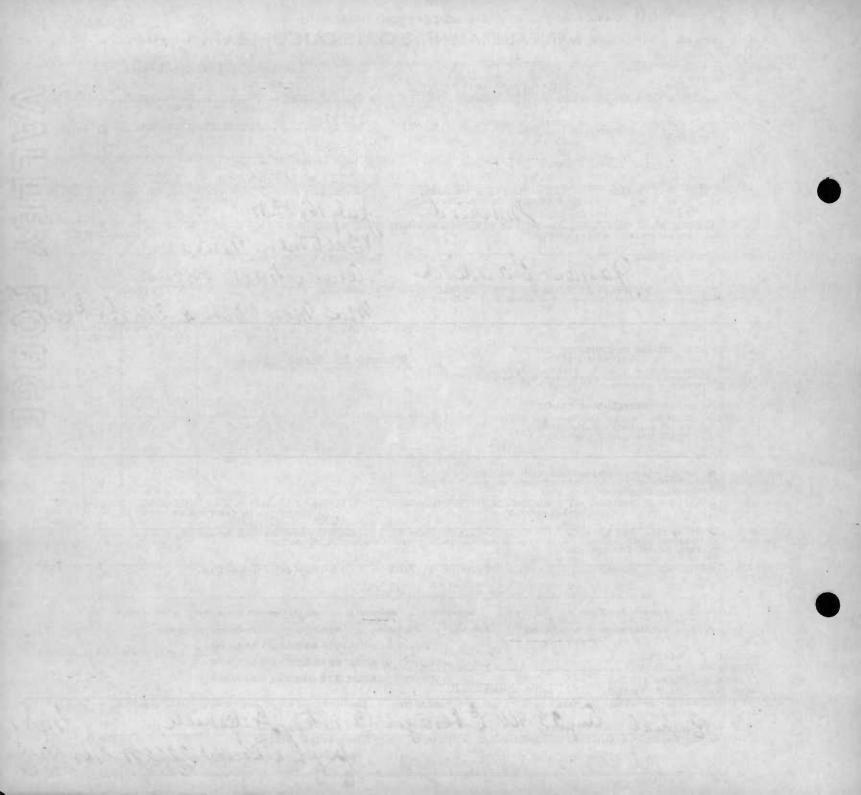
VS 151-REV. 1/1/65

23B. DATE



V-531

A.E. CASE NO.	AL EXAMINER 5 C	LKIIIICAIL OI	DEATH REGISTERED NO	
NAME OF DECEASED		2. DATE AN	D HOUR PRONOUNCED DEA	D
	T L. VANDIVER	8-19-6	56	8:05 P. M.
PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where	deceosed lived. If institutions to	
ULL NAME OF (IF NOT IN HOSPITAL COSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Maryland	le corparate limits, write RURAL	and give township)
PROVIDENT HOSPIT	'AL - DOA	D. STREET ADDRESS (If rurol 3123 Oakfield		,
	AARRIED, NEVER MARRIED DOWED, DIVORCED(specify)	8. DATE OF BIRTH		der 1 Yr. If Under 24 Hrs ns, Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, ne during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Altimore		TIZEN OF HAT COUNTRY?
FATHERS NAME Jamos 9	Sanderer	14. MOTHER'S MAIDEN NAM	al Grass	J
was deceased for in U.S. ARMED FOR es, no or unknown) wyes, give wor or dates of	service) 16. SO CIAL SECURITY NO.	Mess May	Sandiner 3/2	3 Oak Park
(This daes not meon the mode of dyine to the injury or complication which coused death and the injury or complication which could be a country or complication of the death and the injury of the injury o	GIVING (B)	umatic Heart Dis		
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	D TO THE	LOGA ALIZOROVA N N.)	208. IF YES, WERE FINDINGS	CONSIDERED
WAS PERFORA		Yes	IN CERTIFYING CAUSES OF	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctary, street, etc.)	in or obaut 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City, give exac	t location)
	Hour) 21E. INJURY OCCURRED WHILE AT NOT NOT NORK	WHILE WORK	URY OCCUR?	
22. I certify that I held on Inqui	ry Inspection Au	topsy X ond that on th	is bosis, deoth in my opin	ilon
resulted from: Natural couse:	Accident Suiete	Homicide CHIEF MEDICAL E	Undetermined monner	DATE SIGNED
ACTUAL SIGNATURE	white	ASSISTANT MEDICAL E	XAMINER X	8-20-66
EXAMINER'S RUDIGER A. BURIAL CREMATION, 228 DATE	BREITENECKER, M.	D.	COCATION (City, town,	
EMOYAL (Specify) (Sug. 23,1	966 Chenezer	Cemeley &	alesvelle	ADDRESS 4
AUG 24 1966	2 & L. Forbuna	Joseph L.	res 22229	V. grankle
S 151-REV. 1/1/65	9 90 8 10	0 0 0		



VS 150-REV. 1/1/65

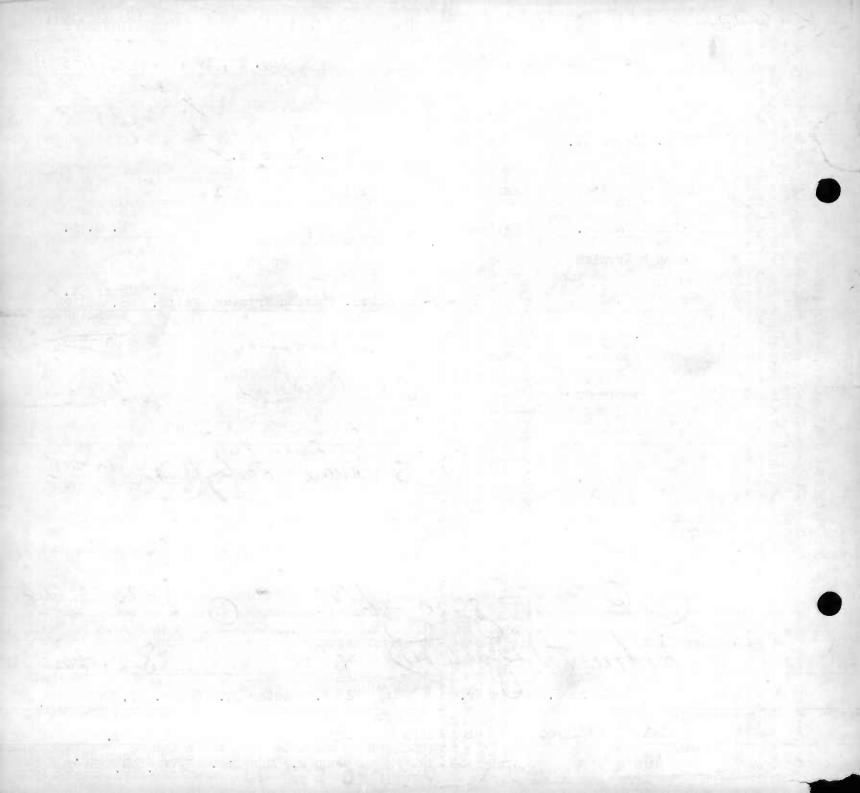
(Stote)

Md.

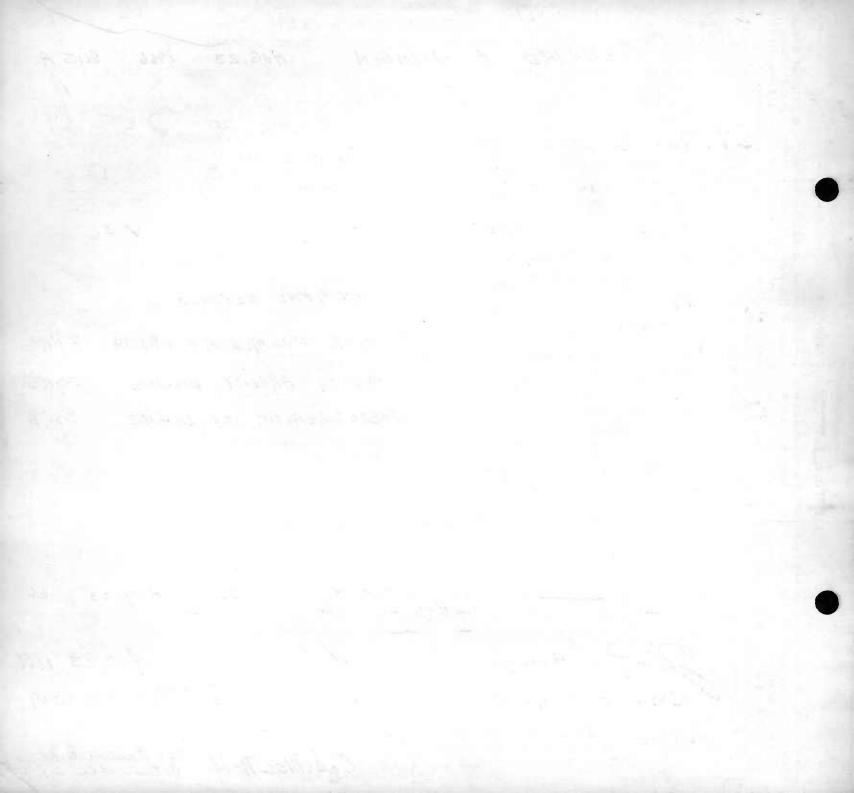
. The letter with the

215 07 0912 A VILLES F. Bischip

VS 150-REV. 1/1/65



66 08577	BALTIMORE CIT	Y HEALTH DEPARTMI		66 08577
BIKIH NO.	CERTIFICA	ATE OF DEA	TH Registered N	
M.E. CASE NO. 1. NAME OF DECEASED		2. D.	ATE AND HOUR OF DEAT	
(Type or Print) EDWARD	F. VOANS	FON .	AUG. Z3	1966 615 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENC	E (Where deceased lived, I	f institution: residence before admissi
FILL MANAGEMENT OF THE STATE OF		A .	COUNTY	
FULL NAME OF (If not in hospital or institu	ition, give street	C. CITY OR TOWN		te RURAL ond give township)
INSTITUTION		Rai-	To. 29	ie spirat one give township
Bon Secours)	Jacaital	O. STREET ADDRESS	(If rurol, give location)	2 2
DON SECONIZ	Mospital	518 Randa		
5. SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., II Under 24
	OWED, DIVORCED (specify)	11/4/13	lost birthdoy	Months Doys Hours Mir
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	narried		52	
done during most of working life, even if retired)	OF BOSINESS OR INDUSTR	III. BIKIMPLACE (Store	or loteign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	PET.	manylan	-4	U.5.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Thomas J. Johnson	/		Dough	teru
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of sen	vice) SECURITY NO.		. 0	
NO		HOSP 17 A	L RECORDS	
18. 420.11	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Ma	00.11 77		
LEADING TO DEATH	(A) 11/H	SSIVE PU	MONARY	EDEMA 8 HRS
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis				
injury or complication which coused death.)	Co	ROMARY A	RTERY DIS	SAL 3YPG
ANTECEDENT CAUSES	(B)	. (0.00(0) //	11011 1013	L735 0 1/13
DISEASES OR CONDITIONS, if ony, g			TIC OU DI	
underlying condition lost.	the (C) 77/1	EROSCHERO	TIC CV DI	SEAGE SYCS
ONDERENING CONDITION IOSI.				
OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING			
E TO THE DEATH BUT NOT RELATED TO	O THE			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. ALITOPSY? (Ye	s of Not 208 IF YES WEE	RE FINDINGS CONSIDERED
WAS PERFORMED		2011 4010131: 110	IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	in or about 21 C. WHERE	DID (If in Boltin	nore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, loim, foctory, street,	office bldg., INJURY OC	CUR?	iore enty, give exact location
U				
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
(APPROX)	While At Not Wh	ile 🗌		
22. I certify that (I) (this bospital) ottend			19 5 9 to	0.00 11
	0.00	1)		Aug. 23 1960
that (I) (we) lost saw the deceased olive	on 707.	19 66	and that in (my) (***)	pinion deoth occurred on the
and hour and from the causes stated above	ve. (1) (\text{\$\ext{\$\text{\$\ext{\$\ext{\$\ext{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{	view the body after o	deoth.	
23A STOTATURE 2		/		23B, DATE SIGNED
John T. X clevers	M.D. A	Med. Director	Stoff Phys.	AUG. 23 191
230. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	EFR M.D	11n1 P.	TO FE F	BRITO M
JOHN F. SCHAE		11/1/1/	NOM 1/0E	174 16, 11/0. 21229
24A. BURIAL CREMATION, 24B. DATE 2	,	REMATORY	24D. LOCATION	(City, town, or county) (Stote
BURIAL 8/26/66 1	LOUDON PAGE		BALTO. MO	4
	ME OF REGISTRAR	25C FUNERAL DI	RECTOR 2	OI FOR ADDRESS MA
AUG 25 1966 P.J	2. Fr. E. Star Ben MA	Castalli	we Rabb	Ot all 20
VS 150-REV. 1/1/65		0 0	1600	S. Company
V 3 130-RE V. 17 17 03				



BALTIMORE CITY HEALTH DEPARTMENT

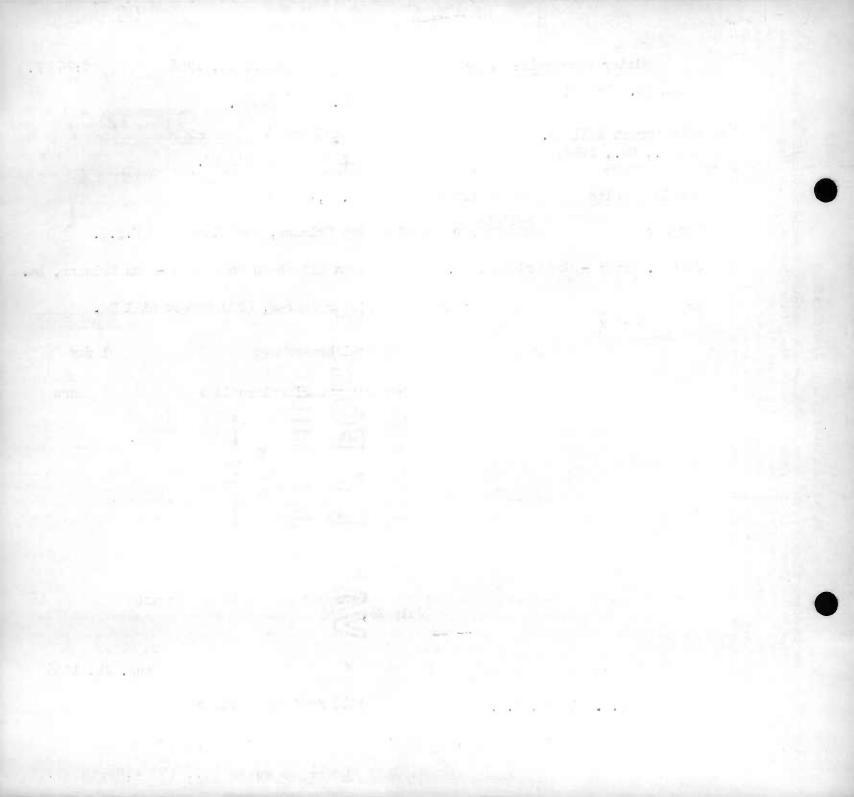
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2. DATE AND HOUR OF DEATH	
August 23, 1966	8:25 P. M
4. USUAL RESIDENCE (Where deceosed lived, If in: B, COUNTY	stitution: residence before admission)
Md. Balto.	
C. CITY OR TOWN (If outside city limits write R	URAL ond give township)
Baltimore D. STREET ADDRESS (It rurol, give locotion)	and the first
4000 Forest Hill Rd.	
8, DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Aug. 7.1882 84	
Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
New Orleans, Louisiana	U.S.A.
14. MOTHER'S MAIDEN NAME	U.D.A.
A 771 1 -11 N O 1 1	
Anna Elizabeth McCormick -	- New Orleans, La.
Sister Andrea, 4000 Forest	Hill Rd.
OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ebral hemorrhage	1 day
eral arteriosclerosis ?	8 years
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAU	
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAU	FINDINGS CONSIDERED USES OF DEATH?
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAU	FINDINGS CONSIDERED USES OF DEATH?
in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?
in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exoct locotion)
No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
in or obout 21 C. WHERE DID office bldg 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore office bldg 21 F. HOW DID INJURY OCCUR?	City, give exact location)
in or about 21C. WHERE DID office bldg INJURY OCCUR? 21F. How DID INJURY OCCUR? 21F. How DID INJURY OCCUR? 208. IF YES, WERE FIN CERTIFYING CAU	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
in or about 21C. WHERE DID office bldg INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? November 19 58 to 128 26. 19 66 and that In(my) (aur) apir	City, give exact location) 19.66 123B, DATE SIGNED
in or about 21C. WHERE DID office bldg INJURY OCCUR? 21F. How DID INJURY OCCUR? 21F. How DID INJURY OCCUR? 208. IF YES, WERE FIN CERTIFYING CAU	City, give exact location)

VS 150-REV. 1/1/65

Emmitsburg, Maryland
2SC. FUNERAL DIRECTOR ADDRESS

Rewart & Mowen Co., 108 W. North Av., City



FUNERAL DIRECTOR: IMPORTANT

	OD DOFF	10	BALTIMORE CITY	HEALTH DEPARTMENT		66 08579
BIRTH NO. M.E. CASE NO.	66 0857	9	CERTIFICA	TE OF DEATH	Registered No.	00 00073
1. NAME OF DEC	B	FFMAN	STONE		157 24, 196	6 1250
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND			ere deceased lived. Il institu	tion: residence before odmission
FULL NAME (HOSPITAL OR INSTITUTION		1)		Maryland c. cirr or rown (if or City of Bal	utside city limits, write RUR timore	AL and give township)
0					rural, give location)	
5. SEX	6. RACE	2 AAABBIED	NEVER MARRIED	Marylander A	Apts., St. Pa	
Female	White	WIDOWEI	o, DIVORCED (specify)	March 21, 1882	84	Under 1 Yr. If Under 24 H anths Days Haurs Min.
IOA, USUAL OCC done during most of	CUPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 1	2. CITIZEN OF WHAT COUNTRY?
NONE		(HOUS	SEWIFE)	Baltimore, Ma	aryland	
3. FATHER'S NA	ME			14. MOTHERS MAIDEN NA	MĒ	
	Philip H.			Mary Anders	son	
Yes, no or unknow	d Ever in U. S. Armed Far n) (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT : Husba		ADDRESS 2121
NO			216-46-4157	Dr. Harvey B.	Stone, Maryl	ander Apts.,Ci
18. 4	0, O L		CAUSE O	FDEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY	An	an an i-n i	1-10- 7	
(This days	LEADING TO DEATH	Acres 1	WARTE	RIOSCLEROIIC +	TEAKT VISEASE	10 YRS ?
UNDERLYIN	e abave cause (A) G CONDITION last,	slaling the	(C) JEAN LEA	ALIZED ARTERIO	2 CLEKOS 12	
TO THE D	DEATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	G E			
19A. DATE OF	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes of N	O) 208. IF YES, WERE FIND IN CERTIFYING CAUSES	OINGS CONSIDERED S OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	218. hom etc.	e, form, foctory, street, of	or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore Cit	ly, give exact location)
21D. TIME	(Month) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)		Wh	ile At Not While			
22. L certify	that (1) (this hospital		he deceased fram	200 20	1966 10 AVG	24 1966
	last saw the decease		1 711	1966 and th		,
and hour an	d from the causes stat	ed abave. (I		iew the bady after death.		
23A. SIGNATU		1				B. DATE SIGNED
/	Mulurx	Cass	M.D. Atte	nding Med.	Stoff Phys.	8/24/66
23C. PHYSICIA	rype)			3D. ADDRESS		1 / 0 %
105	OHN M. a	COTT	M.D.	600 W. PRIVED	EDE AVE BY	VIDWAF IN I
AA. BURIAL CRE	MATION, 248. DATE	24C. N/	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City, to	own, or county) (State)
Cremat	1 1	066	Green Mount	Cemetery	altimore, Man	cyland
	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	AUG 25 1966	P. D. B	To To A wa	Stawart & Mo	wen Co 108	North Av., Ci
		A11 0 5 1838 E	- June State Line	- 3 5 5	1	

BIRTH NO. MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
Anne Mathews / Matthews	8/22/66 11:35 a. _{м.}
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
6 W. Mt. Vernon Place	D. STREET ADDRESS (If rurol, give location)
6 W. Morument St.	6 W. Mondant/St. Mt. Vernon Place
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
	Jan. 10, 1908 55 58
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	13 DIDTURE ACE (Carter of Acres of Acre
Nutritionist State Dept. Health	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James S. Mathhewa	Mary Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 083 18 4489	
yes ww II	S. Ford Matthews Chestertown, Md.
18. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	osclerotic cardiovascular disease
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISPASS OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	no IN CERTIFYING CAUSES OF DEATH?
	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
O UNDERLYING OR CONTRIB- home, form, foctory, street, o	ffice bldg. NJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hourl 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) M. WHILE AT NOT WORK AT WORK	WHILE ORK
22.	
	opsy ond that on this bosis, death in my opinion
resulted from: Natural couses X Accident Suicide	
1100 - 5	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSTUS h. Z. M.D.	ASSISTANT MEDICAL EXAMINER 🖺
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8/22/66
NAME (Type) Werner U. Spitz, M.D.	
23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	
Burial 8/25/66 Chester Co	emetery Chestertown, Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
1 0 T 0 40	Chestertown, Md.
VI 10 84 AUG 25 1966 B Port E. Farbura (The wester town, Mr.
VS 151-REV. 171/65	11 0 3 0 2

66 08581		
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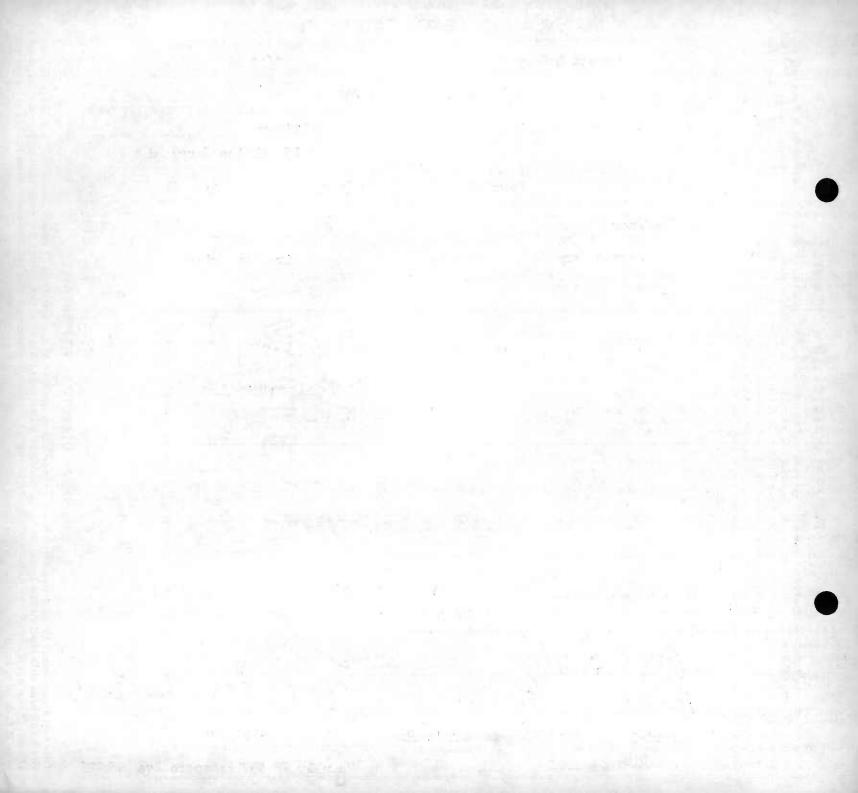
BALTIMORE CITY HEALTH DEPARTMENT

	66	U	8	15	R	1
0				0	<u>U</u>	1

M.E. CASE NO.					- V		
I. NAME OF DE	CEASED			2.	DATE AND HOUR O	F DEATH	
(Type or Print)	Everett E G	9 mr	100		8/20/66	1	7
. PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDER		lived. If institution	n; residence befare admiss
				A. STATE	B. COUNTY	1	N
FULL NAME HOSPITAL OF		ar institution, give	street	Md		Brek	11
INSTITUTION				C. CITY OR TOWN	(If outside city lim	its, with RURAL	and give tawnship)
10	St Agnes Hospit	tal			imore	63	00
70				D. STREET ADDRES			
				401	5 Hollins F	erry na	
SEX	6. RACE	7. MARRIED, NET		8. DATE OF BIRTH	9. AGE (In)	years If Un	nder 1 Yr. If Under 24 hs: Days Hours Mi
M	W	Married	IVORCED (specify)	9/4/01	64		
	CUPATION (Give kind of wark	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (SI	ate or foreign country)		ITIZEN OF
	of working life, even if retired) ffuer			Md		W	VHAT COUNTRY?
		I			ADEN MAAKE		USA
3. FATHER'S NA	Name of the last o			14. MOTHER'S MA			
	Joseph Gary			V	irginia Brid	ce	
S. Was Deceas	ed Ever in U. S. Armed Fore	ces? 16.	SOCIAL	17. INFORMANT			ADDRESS
No No	wn) (If yes, give war ar date	3 di service)	SECURITY NO.	F	amily		Same
					-		
1B.	4/X		CAUSE O	P DEATH	X		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	RECTLY		1	. //.	1.	2
	LEADING TO DEATH		n	2.111	1 march /62	morre	7 6000
			(A)	well 1	Much	(4)	Linn
	nat mean the made of e, asthenia, etc. ft means		DUE TO	01	. 0 .		
	amplication which caused			. 1	1 -		
	ANTECEDENT CAUSES		(B) CON	me /20	~ Marelese		
	MILLECEDELLI CMOSES				010000		
			DUE TO				
	OR CONDITIONS, if		DUE TO	thomas			
rise la l	the abave cause (A)		(C)	ettyna			
rise la l			DUE TO	thym			
rise la l	the abave cause (A)		DUE TO	thym			
UNDERLYIN OTHER SIG	ihe abave cause (A) NG CONDITION last. NIFICANT CONDITIONS C	stating the	(C)	ethyma			
OTHER SIGN	the abave cause (A) NG CONDITION last, II NIFICANT CONDITIONS C DEATH BUT NOT RELA	stating the	(c) CC	ethyma			
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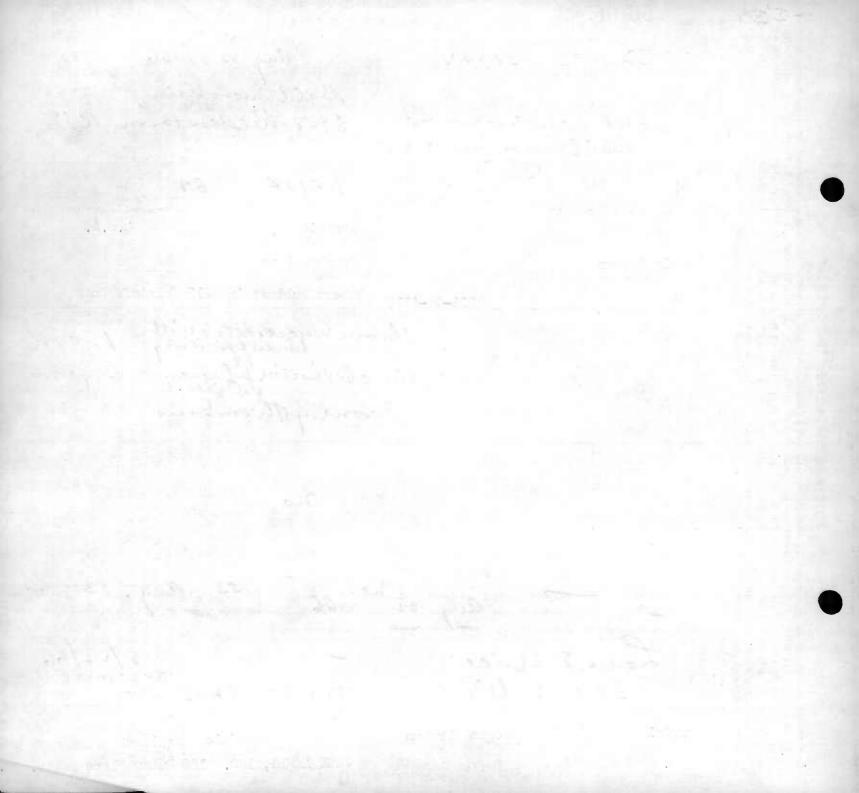


PRACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decrosed lived, If is institution: residence below admixes) 4. USUAL RESIDENCE (Where decrosed lived, If is institution: residence below admixes) 4. USUAL RESIDENCE (Where decrosed lived, If is institution in section below admixes) 4. USUAL RESIDENCE (Where decrosed lived, If is institution in section below admixes) 4. USUAL RESIDENCE (Where decrosed lived, If is institution in section below admixed) 5. STATE	IRTH NO. MEDI A.E. CASE NO.	CAL EXAMIN	MEK 2 C	EKTIFICATE C	F DEATH Register	red No.
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10-16-1907
BALTIMORE
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MR. JOSEPH ARRICO- 225E. PRATTS



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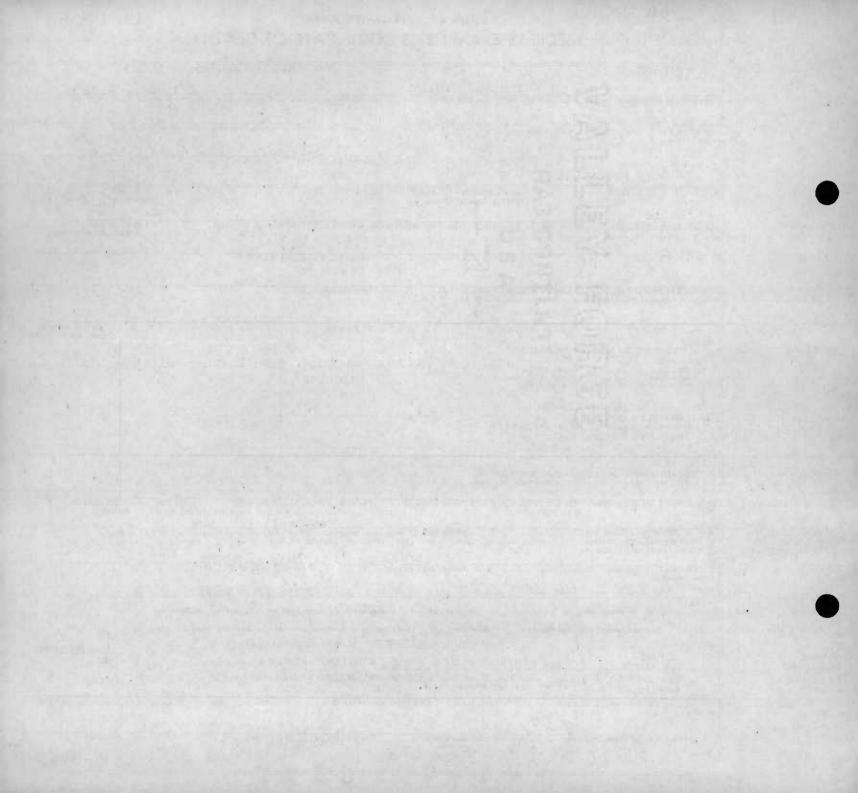
	CO DOTOL		BALTIMORE CI	TY HEALTH DEPARTMENT	T	CC OCECA
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HOSPITAL O	R address or location		sireor	Maryland	If outside city limits will	e RURAL and give township
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17) 9+	Agnes Hospita	1		Baltimore		7) 0 6
0 00.	WRITED HOSPITOR	-		D. STREET ADDRESS	(If rural, give location)	
				921 De Soto	Road	
. SEX	6. RACE	7. MARRIED, NEV	ER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Dama 7 -	707-24-		VORCED (specify)	35 00 7 000	lost birthday)	Manths Doys Haurs Min.
Female	White	Widowed		May 29,1882	84	
	CUPATION (Give kind of work of working life, even if retired)	IOB, KIND OF BUS	INERS OR INDUST	RY 11. BIRTHPLACE (State of	taroign country)	12. CITIZEN OF WHAT COUNTRY?
				Do 3 to impose	163	
At Hom				Baltimore	MC	
3. FAIHERS N	AME	-		14. MOTHER'S MAIDEN	NAME	
Will	iam Jesse Berr			Sarah Ida	Tropost 1	
	ed Ever in U. S. Armed For		SOCIAL	17. INFORMANT	HOODALL	ADDRESS
Yes, no or unkno	wn) (If yes, give wor or dote		SECURITY NO.	THE SKING AND THE		, , , , , , , , , , , , , , , , , , , ,
No		_	3397	Robert W. Lare	ne Tark Brown	m Road, Ellicott Ci
1B. /			CALISE	OF DEATH	71.0 9 1.01. 01. 01.	INTERVAL BETWEEN
10. 4	(2, 1		CAUSE	OF DEATH	A	ONSET AND DEATH
DISE	ASE OR CONDITION DIR	ECTLY		00		
	LEADING TO DEATH		(A)	ulmono	my celem	0
	not meon the mode of		DUE TO		/	
	e, osthenio, etc. It meons omplication which caused			13 C 10 1	1	
injury or c	omplication which coused	deam./		02-3,00	1	
	ANTECEDENT CAUSES		DUE TO			
DISEASES	OR CONDITIONS, if	ony giving	501 10	molnulin	7	
	the above cause (A)		(C)	Mounte	Leon	
	NG CONDITION lost.					
	1.1					
Z OTHER SIG	II	ONTRIBUTING				
	INIFICANT CONDITIONS C DEATH BUT NOT RELA					
A DISEASE C	OR CONDITION CAUSING I	т				
19A. DATE	OF OPERATION 198. CON	DITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes	No. 208. IF YES, WER	RE FINDINGS CONSIDERED
O	WAS PERF	OKMED		P-15-1 UTS 201	IN CERTIFIED C	LAUSES OF DEATH!
U 21A. ACCIT	DENT WAS UNDERLYING	21 B. PL A	CE OF INJURY (e.a.	, in ar about 21C. WHERE DI	D (If in Boltim	naro City, give exact location)
OR CONTR	DENT WAS UNDERLYING DENTER DE CAUSE OF	home, fo	irm, factory, street,	office bldg., INJURY OCCU	R?	
DEATH (no	tify modical examinar)	etc.)				
0 21 D. TIME	(Manth) (Day) (Year)	(Hour) 21E INJ	URY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S OF INJURY		While A				
(APPROX)		Work	At Wo	ork		
22 :	t al. a (1) (al.) 1 1) - A - 1 1 1 1 1			2061	Q110 0 3
	fy that (I) (this hospital			~ ~ ~	1966 10	Que 22 1961
that (I) (w	e) lost sow the deceose	d alive an	eng 22	19 6 6 on	d that in (my) (our) o	pinion deoth occurred on the
		ed obove. (I) (W	e) (did) (did not) view the body after dea	ith.	
23A. SIGN A	TURE P					23 B. DATE SIGNED
	& Ranke	1 dur		Attending Med.	Stoff	8,7366
		Conne	my ces	Phys. Director L	Phy s.	8.23,66.
23C. PHYSIC				23D. ADDRESS	1 -1	
142.41	SIHNLE	Y HNK	UDDO M.	0. /10/10 n.	Van Olias	100 / A - 2120E
		/	C27 6-	(101.17646	in wer	211
REMOVAL	REMATION, 24B. DATE	24C, NAME	of CEMETERY OF	CREMATORY 24	D. LOCATION	(City, town, or county) (State
tre.		044 7-	dan Danis		Dollaimana Mi	
Buri			don Park	Jose Prince	Baltimore, Mc	
ZOA. DATE REC	D BY HEALTH DEPT.	25B. NAME OF RE	COSTRAR	2SC. FUNERAL DIREC	iske for the	(Rel (Des) ADDRESS
	ALIG OF 1966 M	DOD BAR.	STORING MADE	- F. CoHiginh	othom, Ellico	tt City, Md
/S 150-REV. 1/	1/65	-		000	0	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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BIR	TH NO. MEDI	CALEX	CAMINER'S CE	RIFICA	IE OF D	EAIH Registe	red Na
-	E CASE NO.						
1. (Ty	NAME OF DECEASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD
		Corneli				8/15	166 14:25 p
3. F	LACE IN BALTIMORE, MARYLAND, WI	HERE PRONOL	JNCED DEAD	A. STATE	ENCE (Where do	eceosed lived. If insti B. COU	itution: residence belarè admissi INTY
HO	L NAME OF (IF NOT IN HOSPITA SPITAL OR ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET		ryland wn (If outside	corporate limits, write	RURAL ond give township)
INS	TITUTION			Do	7+1		1-04
1				D. STREET ADDI	Itimore RESS (If rurol, g	ive location)	
/	City Hospitals			1 200	071 - 0	011	
5. 9		7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTI	H H - C	9. AGE (In years	If Under 1 Yr. If Under 24 H
		WIDOWED,	DIVORCED (specify)			last birthday)	Months Days Hours Min
	female white USUAL OCCUPATION (Give kind of work	TOR VIND OF	BUILDINGS OF INICITED	11 BIDTIADI ACE	State or facelor	46	12. CITIZEN OF
	e during most of working life, even if refired)	IUB. NND OI	BOZINEZZ OK INDOZIKI	II. BIRIMPLACE	calore or roreign	CO Unity /	WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S M	AIDEN NAME		
	WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
	,, no or on the man yes, give that or got	0. 3011.00.					
	18.		CALLSE	OF DEATH			INTERVAL BETWEE
	E 77,6 XI		CAUSE	OT DEATH			ONSET AND DEAT
100	DISEASE OR CONDITION DI	RECTLY	D				
	(This does not mean the made of	dying, e.g.,	(A) Bronche			icating mul	tiple
	heart failure, ostherno, etc. It means injury or complication which caused	the diseose,	500.10	injuries	S		
	ANTECENDENT CAUSE		(B)			0.000.000.000.000	
	DISEASES OR CONDITIONS, IF A		DUE TO				
_	UNDERLYING CONDITION LAST.		(C)				
Ó			() /				
A	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTU	N.G.				
ERTIFICATION	TO THE DEATH BUT NOT REL	ATED TO T	HE				
E	DISEASE OR CONDITION CAUSING		WHICH OPERATION	20A AUTORSY	2 (Yes as No) 12	OR IE VES WEDE EI	NDINGS CONSIDERED
CE	WAS PER		WHICH OFEKATION	20A. AUTOF31		CERTIFYING CAUS	
AL	21 A. EXTERNAL CAUSE WAS	010	PLACE OF INJURY (e.g., i	yes-	Partial	yes City of	us avest leastion)
3	UNDERLYINGX OR CONTRIB-	home	, form, factory, street, a	ffice bldg., INJURY	OCCUR?	in pointmore City, gi	ve exoct locotion/
EDIC	UTING CAUSE OF DEATH.	etc.)	street	- 2	214 E. 20	Oth St	
Σ	21D TIME (Month) (Doy) (Year	(Hour) 2	TE. INJURY OCCURRED	21 F. H.	AUTHI DID MO	Y OCCUR?	
	(APPROX.) 5 11 66	2:40 p.	WHILE AT NOT	WHILE X Jun	and frame		
	22.	- • 40 m.jv			nped from	I MTUGOM	
	I certify that I held an I	nquiry	Inspection Auf	tital one	d that on this	basis, death in n	ny opinian
	resulted fram: Natural cas	ses A	Accident Suicide	Hamici	de Ur	determined manne	er 🗌
	1.		7-	CHIEF M	EDICAL EXA	MINER	
	ACTUAL /// O.	0 1	7.5	ASSISTANT M			DATE SIGNED
	SIGNATURE (LACTION	911	2				0 10 / 1//
	EXAMINER'S Werner	U. Sp:	itz, MaD.	ASSOCIATE M	EDICAL EXA	AMINEK	8/16/66
234	BURIAL CREMATION, 238 DATE	23	C. NAME of CEMETERY o	CREMATORY	23D. LO	CATION (City,	town, or county)
	MOVAL (Specify)	-1	The state of the s	ATTA	HUMA	DOLLIE D.	
	0/2	3/60		WINIE	VEDELL	W TENIC	VI SCHOOL
24/	A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	IADV CD	ADDRESS
	AUG 25 1966	122 B	E. Jakena		MIUNI	JAKY SEL	RVICE - BCHI
1/5	151-REV. 1/1/65		0 0	05	0 7		
A 2	101-NET: 1/1/03				4		



FUNERAL DIRECTOR: IMPORTANT

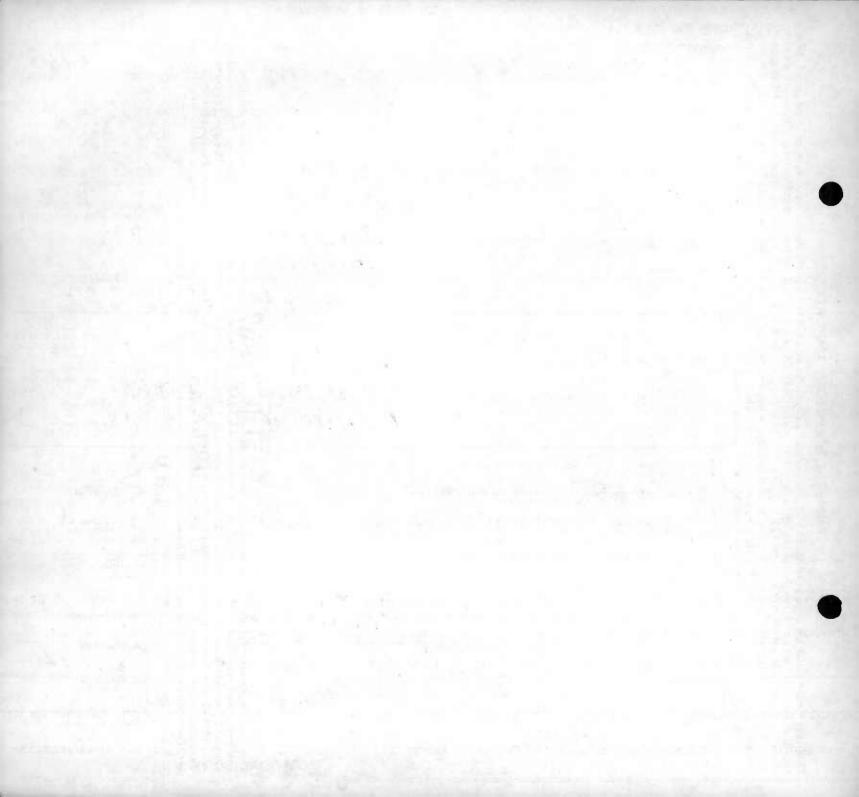
11 11000 00000	BALTIMORE CITY	HEALTH DEPARTMENT		CC DOTOO
MRTH NO. 1:6-1599566 U8586	CERTIFICA	TE OF DEATH	Registered No	66 08586
A.E. CASE NO.	GENTING/			
NAME OF DECEASED Type or Print)		100	ID HOUR OF DEATH	2
PLACE OF DEATH IN BANTIMORE MATTLAN	Hrumuer ("B	"). Aug.	22nd 1966	. 1 9.40 A
PLACE OF DEATH IN BATTIMORE, MANTLAN		14. USUAL RESIDENCE (WHe	re deceased lived, if inst	itution: residence before admissia
		A, STATE B. COUN		1
FULL NAME OF (If not in hospital or instit	ution, give street	Maryland,	saltimore.	c 7-44.
HOSPITAL OR oddress or location) INSTITUTION		C, CITY OF TOWN (If ou	tside city limits, write RL	JRAL give township)
/		Baltimor.	e. 2	d-10- 36
2-1 1 11 0 11	1 0		rural, give tocotion)	1.)
Church Home and Ho,	epital.	1167 16 5	+019,95	000
. SEX 6. RACE 7. MA	DOLED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	7
) Wil	RRIED, NEVER MARRIED	Dug Zoth 1986	lost birthday)	If Under 1 Yr. If Under 24 Hr. Manths Doys Hours Min.
male white		Aug 20th (700)		2
DA. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
one during most of working life, even if retired)		D 41-	ALD.	WHAT COUNTRY?
none	none.	Baltimore, \$	TH.MD.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
1414/0		p+	_	
unknown.		Patricia .	Hydmuer	
5. Was Deceased Ever in U. S. Anned Forces? (es, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL	17. INFORMANT	0 0	ADDRESS
	SECURITY NO.			
no.				
18. 7 7 2 T	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		. 0	1-1-	
LEADING TO DEATH	(4)	May The man	brane dleen	ac
(This does not mean the mode of dying,	e.g., DUE TO	V		
heart failure, asthenia, etc. It means the di	seose,	1		
injury or complication which coused death.	V	venaturity.		
ANTECEDENT CAUSES	DUE TO	V.32.00	****	
DISEASES OR CONDITIONS, if ony,		9		
rise to the obove couse (A) sloting		***************************************		
UNDERLYING CONDITION lost.				
II				
OTHER SIGNIFICANT CONDITIONS CONTRIL				
TO THE DEATH BUT NOT RELATED TO	O THE			
194 DATE OF OPERATION 1198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES WEDE EN	NDINGS CONSIDERED
WAS PERFORME		20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	SES OF DEATH?
				99
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o		(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	order into ki occo k!		
21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whi			
	Work At Work			
22. I certify that (I) (this hospital) atter	ded the deceased from		19 6 6 to Ans	
that (I) (we) last saw the deceased aliv	en Aug 7241	19 66 2014		an death accurred on the do
	9		or milinal (out) obtain	on death accorred on the do
and hour and from the causes stated abo	ove. (1) (We) (did) (dld not)	view the body after death.		
23A. SIGNATURE				38. DATE SIGNED
I was do I was	ed hos / M.D. Att	ending Med.	Stoff	8 22 66
Movement J. Dar	adjun Phy		Phys.	0-00-66
23C. PHYSICIAN'S NAME (Type)	U	23D. ADDRESS		
	M.D.	ANATOMY	DALDA OF	20.00
AA BUBIAL CREMATION COLO DATE		FILLY ALL TO A STATE OF THE STA	MITARIT (18)	MADVIAND
4A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (City,	fowh, eraceunty) (Stote)
5/24/		THE PROPERTY	V ALEDICAR	
		WATE LEE TO 12 12 12 12 12 12 12 12 12 12 12 12 12	18 1 1 1 1 1 1 1	CCHOOL
A DATE DEC'D BY MEALTH DEDT	AAAE OE BEGISTBAB	DISC FUNERAL DISCOURT	MEDICAL	. SCHOOL
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	THARVER	SCHOOL ADDRESS D.CHD
AUG 25 1966		25C. FUNERAL DIRECTOR	TUARY SE	RVICE - BCHD
4110 - 1000	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	TUARY SE	Diritara market

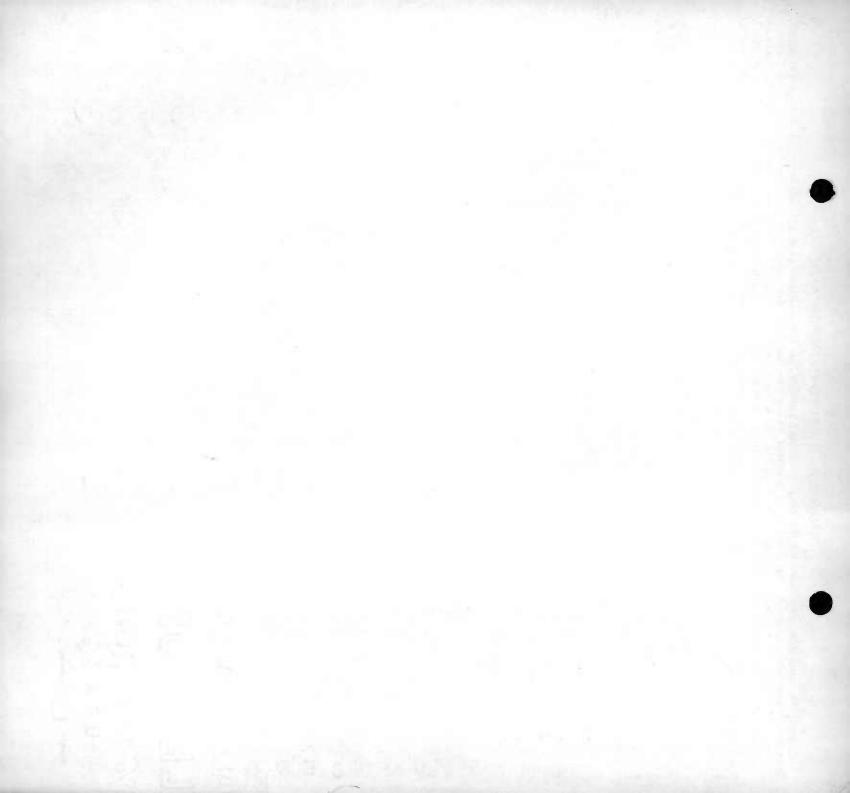
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FUNERAL DIRECTOR:

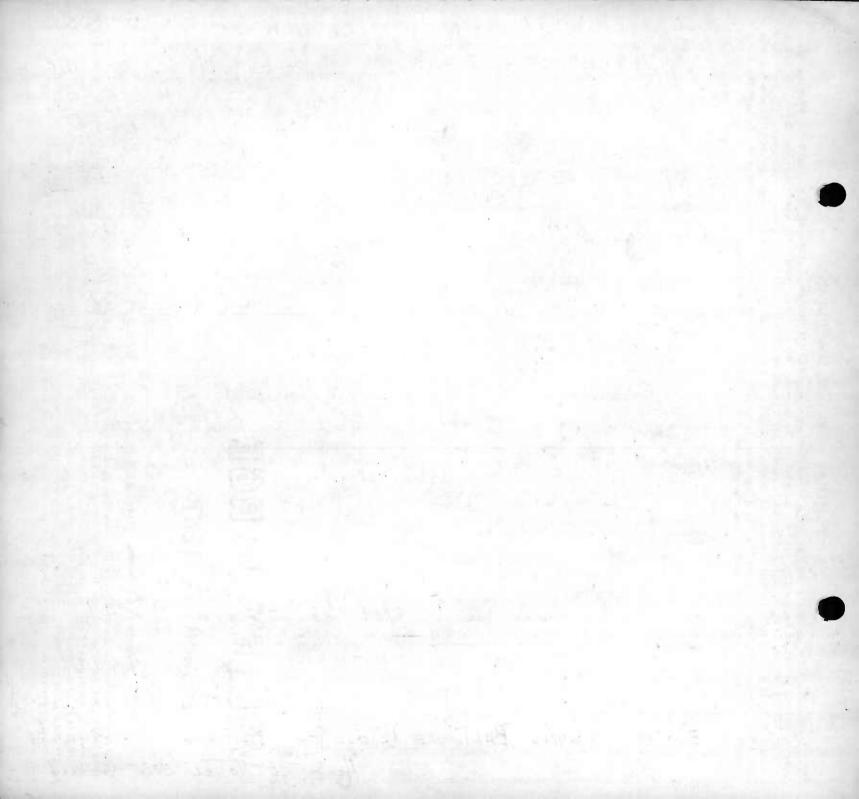
BALTIMORE CITY HEALTH DEPARTMENT





FUNERAL DIRECTOR: IMPORTANT

-		66 08589	BALTIMORE CITY HEALTH DEPARTMENT		00 00500	
	BIRT	н но.	CERTIFICATE OF DEATH	Registered No	66 08589	
		CASE NO. AME OF DECEASED		ND HOUR OF DEATH		
			TOHNSON and	19 19/1	118	
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		ere dece sed lived. If insti	tution: residence before admission)	
			m	NTY		
1		ULL NAME OF (If not in haspital or institution, gr		utside city limits, write NU	PAT and size township)	
	11	STITUTION 5322 Nen	none ave Balt	diside city lillins, while it		
1	10	- 41	D. STREET ADDRESS	f rural give lacation)	0	
		Ballemore.	md, 21215 5322	No	a a p	
3	5. S		EVER MARRIED 8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
		M WIDOWED,	DIVORCED (specify 12/18/06	last birthdoy)	Manths Doys Haurs Min.	
2		USUAL OCCUPATION (Give kind of work 10 B. KIND OF	USINESS OR INDUSTRY 11. BIRTHPLACE (State of for	eign country)	12. CITIZEN OF	
	done	during most of working life, even if retired)	it sil the	- ml	WHAT COUNTRY?	
disposition	13. F	FATHERS NAME	M. MOTHER'S MAIDEN N	AME)	013174	
2		all of us	mi	00.	b	
5	15 \	Was Deceased Ever in U. S. Armed Forces?	S. SOCIAL 17. INFORMANT	clas	ADDRESS	
5	(Yes	,na ar unknawn) (If yes, give war ar dotes af service)	SECURITY NO.	1. (21)		
3		1es 10/42 - 10/45	217-26-0973	te (teles	· Johnson)	
5		18. 600,01	CAUSE OF DEATH		ONSET AND DEATH	
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7100		2 b	
		(This does not mean the mode of dying, e.g.,	DUE TO		undersu.	
		heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	01 , 01	11/	4	
		ANTECEDENT CAUSES	(B) Chronic Gyel	onephretis		
0		DISEASES OR CONDITIONS, if ony, giving	DUE TO	111-		
3		rise to the obove couse (A) stoting the	and (c) Obstructive Us	opathy pr	ostate)	
		UNDERLYING CONDITION Iosi.		0 0		
	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A 1 - 1 A 1 ()	1110	11	
	VIION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	arterosclerotes /	east duse	ese	
	FIC	19A. DATE OF OPERATION 198. CONDITION FOR W	ICH OPERATION 20A. AUTOPSY? (Yes or	10) 208. IF YES, WERE FIN	IDINGS CONSIDERED	
	ERTIFIC	WAS PERFORMED	- No	IN CERTIFIEND CAUS	ES OF DEATH:	
Derore	U	21 A. ACCIDENT WAS UNDERLYING 218, home	ACE OF INJURY le.g., in ar about 21C. WHERE DID form, factory, street, office bldg., INJURY OCCUR?	(If in Baltimare C	City, give exact lacation)	
90	CAL	DEATH (natify medical examiner) No etc.)			1 Aug. A	
0	ED	21D. TIME (Month) (Doy) (Year) (Haur) 21E.	IJURY OCCURRED 21F. HOW DID IN	JURY OCCUR?	1 1 Despital	
dined	Z	(APPROX) Whill Work	At Work	Callor	ved by Atroputal	
		22. I certify that (I) (this hospital) attended th	deceased from / approx.	1958 10	presento	
0		that (1) (we) lost saw the deceased alive on 8/19 19 66 and that In(my) (our) opinion death occurred on the date				
		ond hour ond fram the causes stoted obove. (1) (We) (did) (did not) view the body ofter death.				
2	1 1	23A. SIGNATURE	, and the body offer decin		38. DATE SIGNED	
		1 STOWN AND	M.D. Attending Med. Director	Staff Phys.	8/19/66	
3		23C. PHYSICIAM'S	23D. APDRESS	rnys. Z	011/00	
2		NAME (Type) D. W. STEW	RT M.D. Sendi	1 notal	(Ralts ml.)	
approval must	24A		Journal /	LOCATION (City,	lawn, ar caunty) (State)	
		REMOVAL (Specify)	T	D	MARYLAND	
E A	25A	DORLIFO SATING DH	REGISTRAR 25C/FUNERAL DIRECTO	BALLIME	ADDRESS	
	237		I A us Il Ester F	A STATE OF THE PARTY OF THE PAR	35 W. Noil HVE	
	1/6	AUG 25 1966 R.O. ST	Margarett O Merchano L	1/10/12/00	A. MORNI HAE	



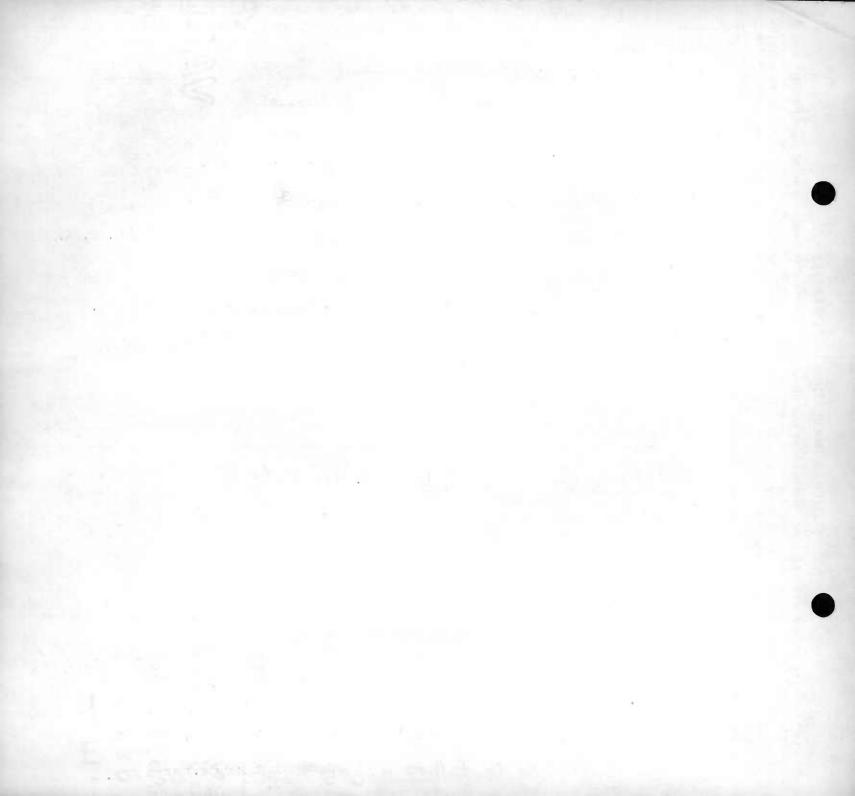
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

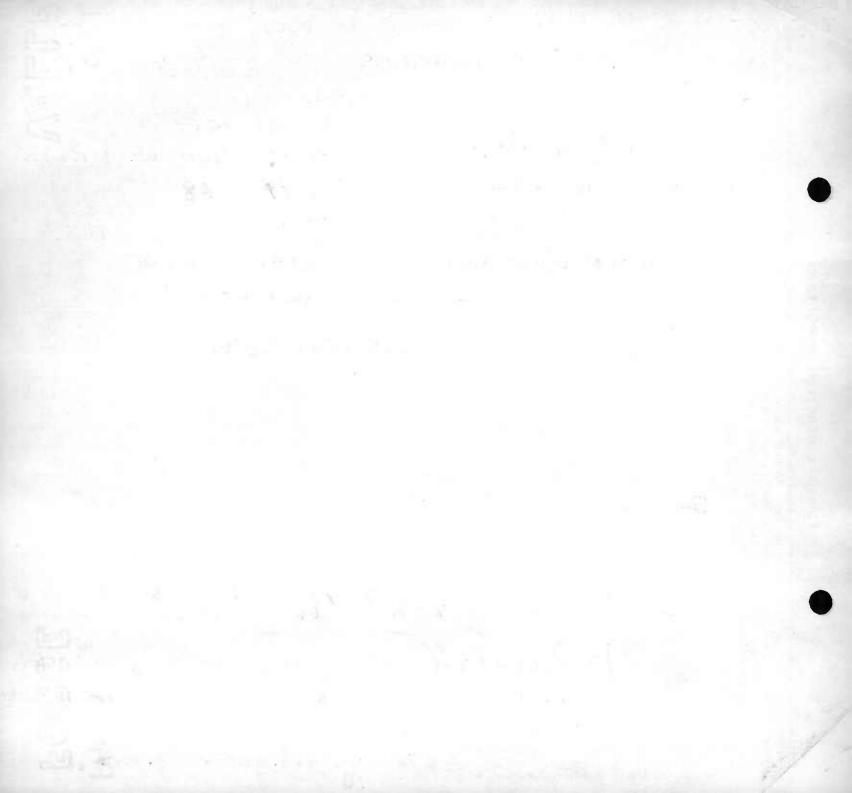
VS 150-REV, 1/1/65

C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. ADDRESS Mrs. Alice Mosby 2001 Cecil Ave. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in (my) (our) opinion death accurred on the date 238, DATE (City, town, Baltimore, Maryland ADDRESS HerbertNutter 3035 W. North Ave.

66 08590



P / - CE 09501	BALTIMORE CITY	HEALTH DEPARTMENT		66 08591
M.E. CASE NO. I.NAME OF DECEASED A 3 & L I.NAME OF DECEASED A 4 & C & L I.NAME OF DECEASED A 4 & C & L I.NAME OF DECEASED A 4 & C & L I.NAME OF DECEASED A 4 & C & L I.NAME OF DECEASED A 5 & L I.NAME OF DE	CERTIFICAT	TE OF DEATH	Registered No.	00 00091
1. NAME OF DECEASED A 36 L	P. WARRIS		HOUR OF DEATH	645 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			deceosed lived. If institut	ion: residence before odmission)
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location)		C. CITY OF TOWN (If outsi	ide city limits, write RUR	L and give township)
BALTO CITY HE	SPITAL		Mount W	ood ROAD
	DOWED, DIVORCED (specify)	S. DATE OF BIRTH	AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. K) done during most of working life, even if retired) Housewife Housewife	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat or foreign	n country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME MILTON FORE	1	4. MOTHER'S MAIDEN NAM		- 437
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	rvice) 1 6. SOCIAL 1	17. INFORMANT	1 WADE	ADDRESS
NO	215-24-9517-A	RECORDS: BCH 2	926 EASTERN A	
DISEASE OR CONDITION DIRECTLY	CAUSE OF	uoca. Col	lon.	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di- injury or complication which caused death,	e.g., DUE TO			1
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	(B) DUE TO	***************************************		
rise to the above cause (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
198. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctary, street, officetc.)	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore City	y, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	21É INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJU	RY OCCUR?	
22. I certify that # (this hospital) attention that # (we) last saw the deceased alive	nded the deceased fram	-	66 10 8	-19 1966,
and hour and fram the causes stated abo		-	rin(1997) (our) opinian	death occurred on the date
23A. SIGNATURE	0 10			DATE SIGNED
- Kan	Clark M.D. Atten	Director P	hys.	8-19-66
DR. J.E. RANI		30. address 4940 BASTERN AVE	ENUE BALTIMORI	E, MARYIA ND #2122
PEAAOVAL (Specify)	24C. NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City, to	own, or county) (State)
Burial 8/25/66 25A. DATE REC'D BY HEALTH DEPT. 25B. N	Western Star Cem		imore Co. Md	ADDRESS
AUG 25 1966 (1.2)	5. E. Farker M.	25C. FUNERAL DIRECTOR Herbert E. Nu	tter-3035 W.	Norta Ave.
1/F 1 CO DEL/ 1/1//C				



VS 150-REV. 1/1/65

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a hospital

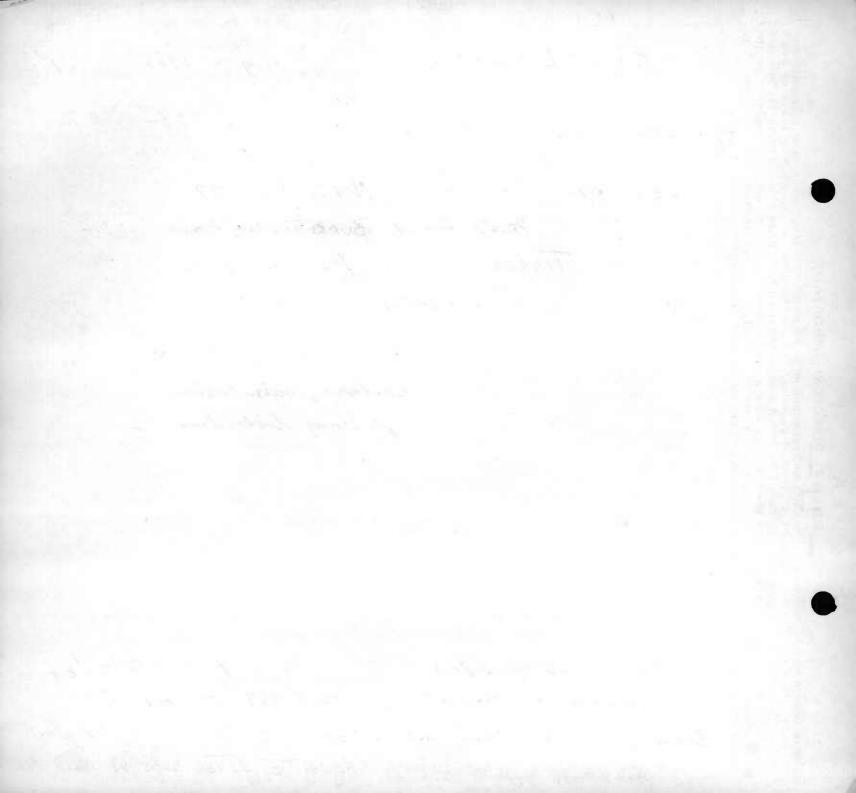
00 00000	BALTIMORE CI	TY HEALTH DEPARTMENT	CC DOEGO
BIRTH NO. 66 08592	CERTIFIC	ATE OF DEATH Registered N	66 08592
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print) ALICE	D. BERRY	August 18, 19	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceosed lived.	Il institution: residence belare admissio
FULL NAME OF (If not in hospital address or location	or institution, give street	Maryland C. CITY OR TOWN (If outside city lighits, well	te RURAL ond give township)
INSTITUTION			te RORAL one give lawnship)
7 3809 Clifton A	venue	Baltimore D. STREET ADDRESS (If rurol, give location)	
0	. 01140	3809 Clifton Ave	
5. SEX 6. RACE	T MARKED NEVER MARKED		
Female Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Married	October 11,1889 9. AGE (In years	Il Under 1 Yr. If Under 24 H Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
dane during most of working life, even if retired)			WHAT COUNTRY?
Domestic	Private Home	Baltimore County, Md	U?S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Isaac Derricks		Alice A. Harding	
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (II yes, give wor or dote		17. INFORMANT	ADDRESS
	212-32-4604	Mrs. Mildred H. Brown 22	20 Elisnore Ave
18. / 17 /L V	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIE	ECTLY /		ONSET AND DEATH
LEADING TO DEATH		commo of	
(This does not mean the mode of	dving e.g. DUE TO		
hearl failure, asthenia, etc. Il means	the disease,	berges 1	100
injury or complication which coused	death.)	a lastana la	1 money
ANTECEDENT CAUSES	(B)	J. J. Kenns	
DISEASES OR CONDITIONS, if	any, giving	love 1	
rise to the above cause (A)		Gerchilas	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CONDITION last.			
, II	. /		
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I			
		•	
19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes o No. 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
E O	TORIVIED	, IN CERTIFIED	CAUSES OF BEATH:
U 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g	, in or obout 21 C. WHERE DID	more City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, larm, lactory, street,	office bldg., INJURY OCCUR?	
9			
OF INJURY (Month) (Dayl (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work		/ /
22 1	\\	1-1-12	V-1066
22. I certify that (I) (this haspital	0-14/	A	3 / 3 - 19
that (1) (***) last saw the decease	ed alive an	19 and that in (my)	apinian death accurred an the d
and hour and from the causes sta	ted abave. (1) (We) (did nat) view the bady after death.	
23A. SCHATURE	1000		23 B. DATE SIGNED
Romes 4	M.D.	Attending Med. Stolf	Y-20-66
23 G. PHYSICIAN'S		Phys. Director Phys. 23D. ADDRESS	7 - 20
NAME (Type)	Saffell M.	Rachach	Ma
244 BUBIAL CREMATION 1248 DATE	-4//-//	1 512/612/04	1611
244. BURIAL CREMATION, REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) /Stote)
Burial 8/22/60	Finey Grove Chu	arch Cemetery Boring	Marviand
25A. DATE REALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Marylan d ADDRESS
AUG 25 1966 (1	Don't 2 Japan	Herbert E. Nutter 303	55 W. North Ave

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



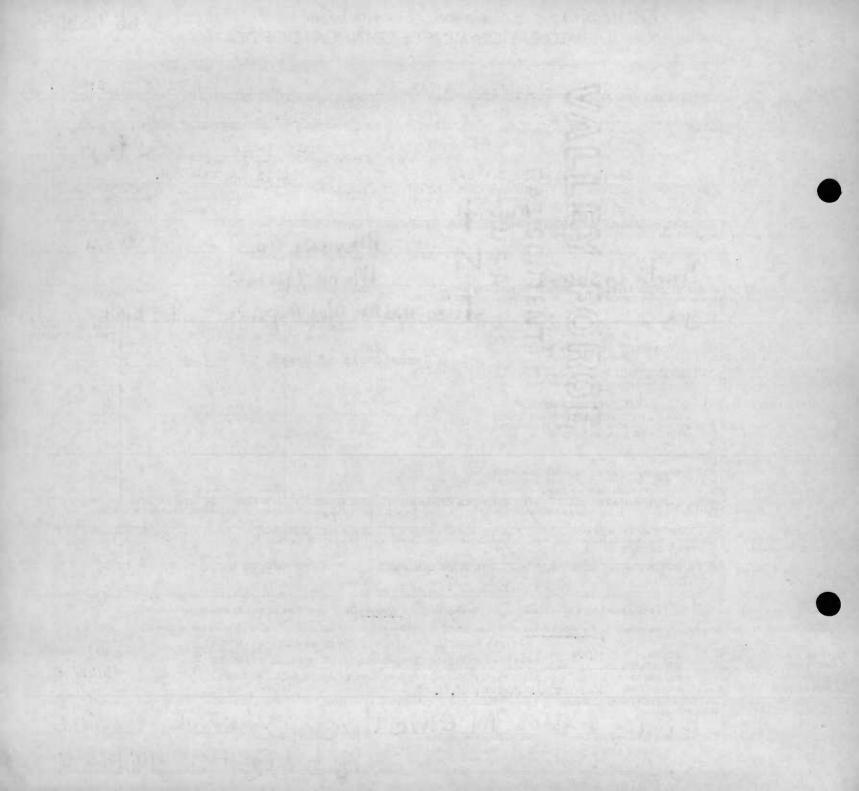
IMPORTANT

DIRECTOR:

FUNERAL

Convelos Rice Agod 25, 1866 855 B Maryland Balfones Baltomone Union Memorial Hopial 2004 BARRELAY Steet Male Neger Massied Janiheid Chemical 12-05-84 71 Legislating Committee Verted States " Rice a mile and Emma Rice es Auguste 25 Cl Lord Ave-

W./20	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No M.E. CASE NO.	Harris -							
	. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Type or Print)	1 1 2 2 1 1 2 2 2							
	Cleophus Upshaw 8/22/66	3:00 a. M.							
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institution: res A. STATE B. COUNTY	dence before odmission)							
	CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL or NSTITUTION)	and give to vaship)							
./	Baltimore	32							
4	South Baltimore General D. Street Address (If rurol, give locotion) 309 Ridge View Rd.								
		er 1 Yr, If Under 24 Hrs.							
	male colored 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdox) Months	Doys Hours Min.							
	DA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI	ZEN OF AT COUNTRY?							
		. S.A							
	3. FATHER'S NAME								
	Charlie Urshaw Minnie Upshaw								
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO,	S							
	432-32-3942 Mrs Wice A Upshaw 309 BR	idge. View Rd.							
	18. 1.38.01 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH (This does not meon the mode of dying e.g., DUE TO								
	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)								
	ANTEGRADENT CAUCEC								
	ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE								
	II HER SIGNIFICANT CONDITIONS CONTRIBUTING								
	L DISEASE OF CONDITION CALISING IT								
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS (ON SIDERED							
	yes								
	21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact blog., injury occur?) Outling □ CAUSE OF DEATH.	ocotion)							
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
TO A MISS ENTE	(APPROX.) WHILE AT NOT WHILE AT WORK								
	22. I certify that I held an Inquiry Inspection Autopsy I and that an this basis, death in my apinion	on							
	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner								
	CHIEF MEDICAL EXAMINER	DATE SIGNED							
	SIGNATURE M. Z. M.D. ASSISTANT MEDICAL EXAMINER X								
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER	8/22/66							
	NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of	county) (Stote)							
	REMOVAL (Specify)	111-							
	Duria 18-28-46 IIH. Ulive Ginetery Blennville	ADDRESS							
	AUG 25 1988 (1200) 2. 2000 Mer ton to Deet + H. 170	1 WILLERS ST							
		1 100 0 0							



248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

4 MC

ADDRES

VS 151-REV. 1/1/65

Dur 14

24A. DATE REC'D BY HEALTH DEPT.

William Transport Contract Con Industry months and made) from 1 1500 1 1500

IMPORTANT

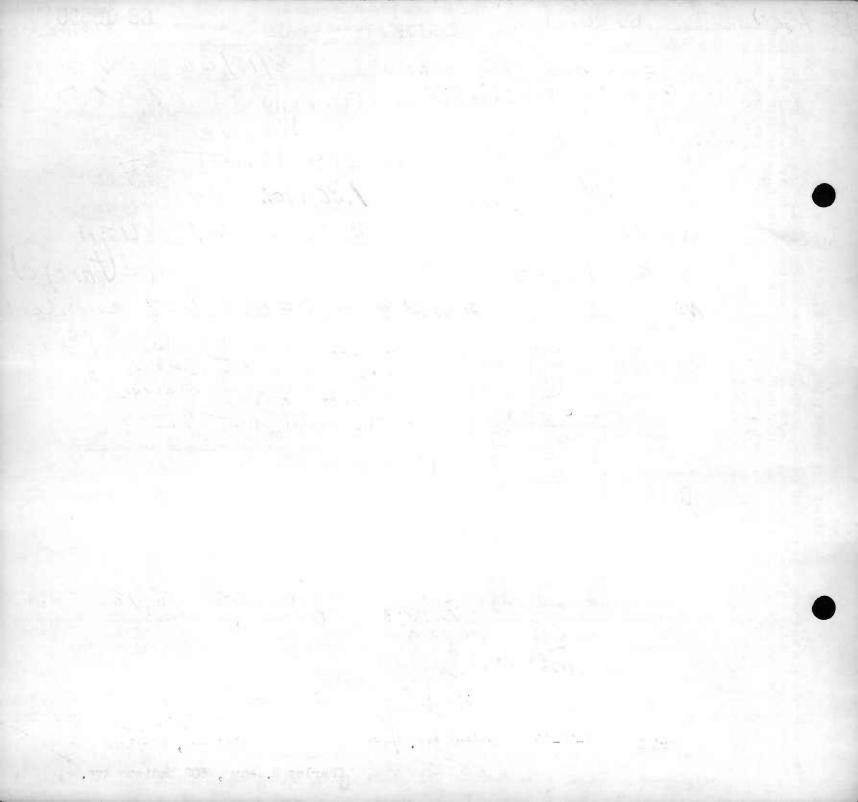
DIRECTOR:

FUNERAL

March To Hart T2 noming 1 Fills TR NOMMER SAL MEST St SEPJ CHSSANT. MARY LAW - LUS · James wolf 3 3 HMV 2011 1 JOHN TILLE CITI DAVIJO NJ3 Trust Stranger Star DO - AT Griffy my 2 not

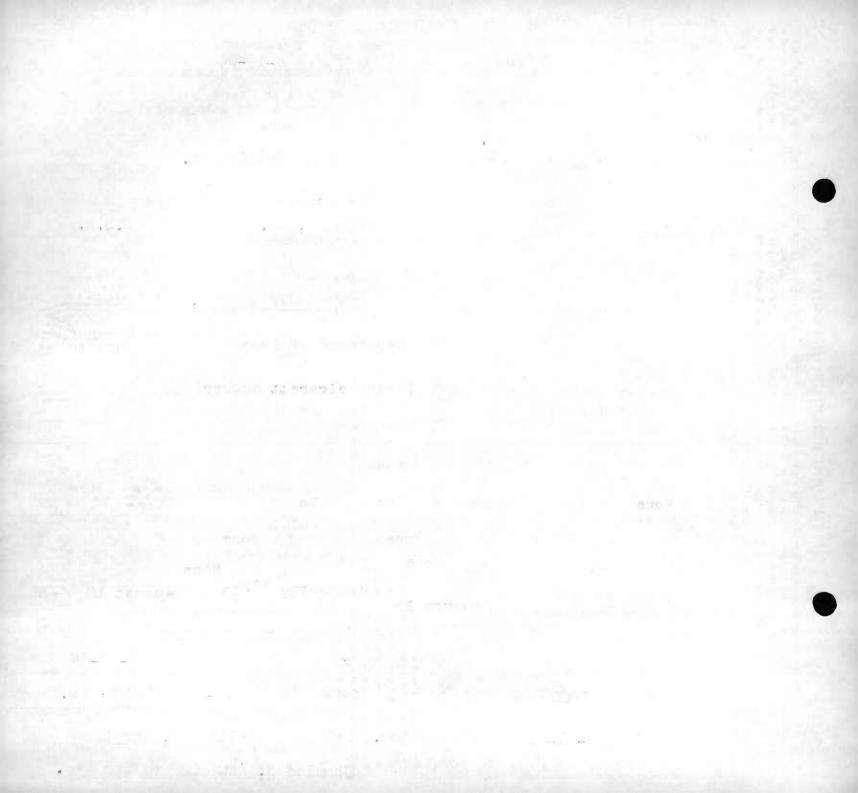
	00 00 00		BALTIMORE CIT	TY HEALTH DEPARTMEN	1T	00 00=00
BIRTH NO.	66 08598		CERTIFICA	ATE OF DEAT	H Registered Na.	66 08598
M.E. CASE NO. 1. NAME OF DE	CEASED			2. DA	TE AND HOUR OF DEATH	
(Type or Print)	harles Dol:	1			lumist 23 7	966
	EATH IN BALTIMORE, M.			4. USUAL RESIDENCE	(Where deceased lived, If	.966 Institution: residence before admissio
				A. STATE B. (COUNTY	19 411
FULL NAME HOSPITAL OR		l or institution, give on)	street		(If outside city limits, write	PILED L and Sive township)
INSTITUTION						RORAL OND GIVE TOWNSHIP
7	1712 W. Pra	41 01		Baltime D. STREET ADDRESS	(If rurol, give locotion)	
0	TITE Nº ELE				Pratt St.	
. SEX	6. RACE	7. MARRIED, NI	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
id	\vin	Sing		12-7-03	62	
	of working life, even if relired)		DEINESS OR INDUSTI	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales	man	Frui	t	Balto.,	Md.	USA
3. FATHER'S NA				14. MOTHER'S MAIDEN		
Tot	& Henry Dol	٦		Tota W7	izabeth Doe	n i na
	ed Ever in U. S. Armed Fo		5. SOCIAL	17. INFORMANT	- 1 20 0 C 011 D 0 C	ADDRESS
les, no or unknov	vn) (If yes, give wor or do	tes of service)	SECURITY NO.			
				Mary McMe	chen-1712 W	. Pratt St. #23
1B. /	201		CAUSE	OF DEATH	(2)1001	INTERVAL BETWEEN
DISE	ASE OR CONDITION D	IRECTLY) 4	Coccoc	ONSET AND DEATH
	LEADING TO DEATH		(A) CC	Olero Ce	railma	700
	nat mean the made a , asthenia, etc. It mean		DUE TO	. и и и и и и и и и и и и и и и и и и и		
	implication which cause				-	
	ANTECEDENT CAUSE	S	(B)			
DISEASES	OR CONDITIONS, if	any, giving	DUE 10			
rise la l	he above cause (A)		(C)		***************************************	
UNDERLYIN	NG CONDITION last.				()	
Z	ll .	(With o	scleroti	'c lear	41,
I TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO THE	08 :	1 5 0		Meons.
DISEASE OF	R CONDITION CAUSING			20 A. AUTOPSY? (Yes	- N-V 202 15 W-2 1102	
19 Tate of	OF OPERATION 198. CO	REPORMED C	of Color	ZOA. AUTOPST? (Tes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
-	7.00	404	a Cook	W 110		
OR CONTRI	ENT WAS UNDERLYING	home,	form, foctory, street,	in or about 21C. WHERE D	JR?	re City, give exact location)
DEATH (noti	fy medical examiner	etc.)				
OF INJURY	(Month) (Doy) (Year	(Hour) 21 E, IN	IJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
(APPROX.)		While	At Not W		1	
20 1 11				" Oct 65	R	2) (0)
	y that (I) (this hospite		V I I I I	7/6	19 to 19	63 19 W X
thot (I) (we	a) last sow the deceas	ed alive on	2 4	19 Q Qa	nd that in (my) (our) ap	inion death accurred an the d
and hapr o	nd from the causes sto	ted abave. (I) (We) (did) (did nat)	view the bady after de	eath.	,
23A. SIGNAT		0				23B. DATE SIGNED
1	10	2	M.D. A	tlending Med. Director	Stoff Phys.	8/24/66
23C. PHYSIC	IANS			23 D. ADDRESS		1 1 1/2
23C. PHYSICI	(Type) George	Vash			Gilmon Stma	0+ 402
			M.C		Gilmor Stre	
4A. BURIAL CR REMOVAL	REMATION, 24B. DATE (Specify)	24C. NAM	E of CEMETERY of C	REMATORY 2	4D. LOCATION (C	City, town, or county) (State)
Buria:		66 G7	en Haven	Cem.	Baltimore,	Md.
	D BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL DIRE		ADDRESS
	ALIC OF TORE.	10 0 B	Ston Dece MA	Witzke F	. D4101 E	dmondson Av.
'S 150-REV. 1/1	MUD A D DUU	MINESTY -		18 6 0		
3 130-KEV. 1/1	/03		No. of	0 0 0	4	

Carpenter of when a galan -



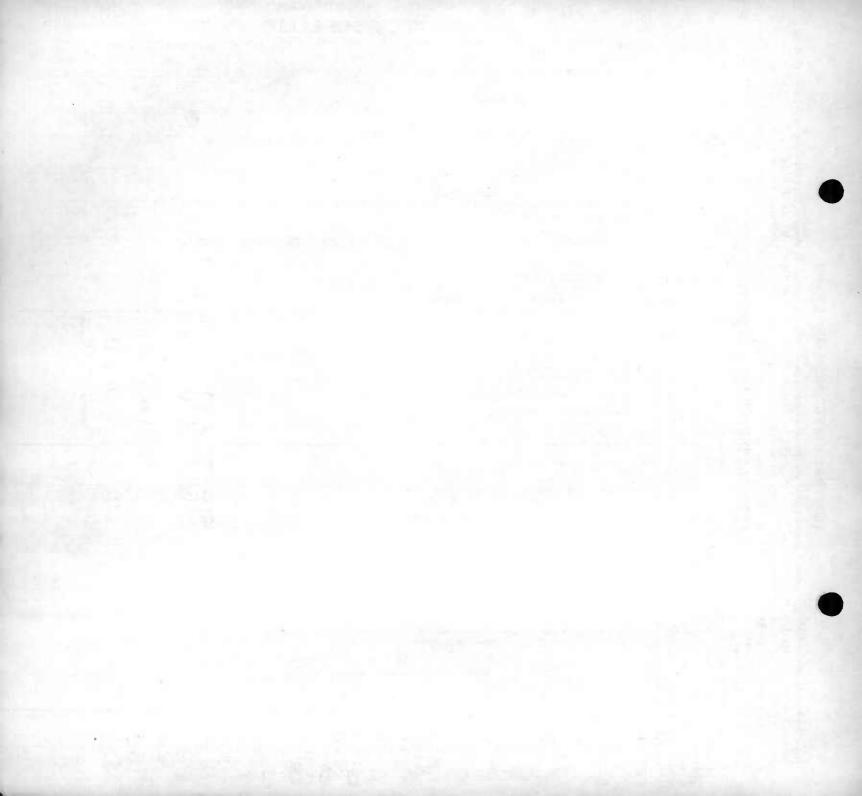
FUNERAL DIRECTOR: IMPORTANT

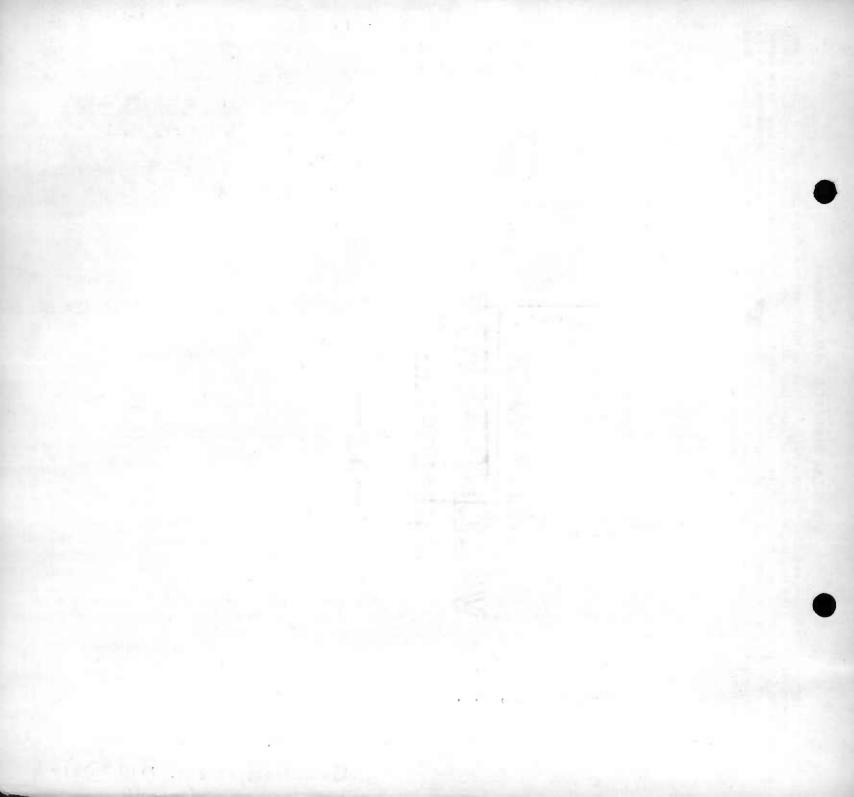
00 00500	BALTIMORE CITY	HEALTH DEPARTMENT		66 08600
BIRTH NO. 66 08600	CERTIFICA	TE OF DEATH	Registered No.	00 00000
M.E. CASE NO. I, NAME OF DECEASED			AND HOUR OF DEATH	
Type or Print) Ernest Tabron	2		19-66	
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	.1		hero docoosed lived, If i	nstitution: residence before admission
FULL NAME OF (If not in hospital or instituted the HOSPITAL OR oddross or location)	ion, give street	Maryland	JNTY	1403
INSTITUTION		Baltimore		RURAL ond give township)
1815 Division Baltimore, Mary		D. STREET ADDRESS 1815 Div:	(If rurol, give locotion)	
6. RACE 7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. , If Under 24 Hrs
Male Colored Will	Widower (specify)	May 8, 1912	lost birthdoyl	Month's Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B, KIN	D OF BUSINESS OR INDUSTRY	11. BTRTHPLACE (Siato or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Lyons , Ga.		U.S.A.
Waiter		14. MOTHER'S MAIDEN N		
T				
Ernest Tabron				
5. Was Deceased Ever in U. S. Armed Forces? Yes.ne or unknown) (If yos, give wer or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Ernestine	Tabron. 18	315 Division St
18. /	CAUSE O		, , ,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				known from
LEADING TO DEATH	(A) Car	cinoma of lu	ng	June toAug 6
(This does not mean the made of dying,	e.g., DUE TO	**************************************		
hear failure, asthenia, etc. It means the dise injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B) (Hea	vy cigarett	smoker)	
		• •		
DISEASES OR CONDITIONS, if any, gi				
UNDERLYING CONDITION last.	, -,			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	THE NON	10		
DISEASE OR CONDITION CAUSING IT.		100 4	M. N. 600	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING	None	NO NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID		ro City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	homo, form, foctory, stroot, o	ffice bldg., INJURY OCCUR?	None	
U				
OF INJURY	While AI NOT While	21F. HOW DID II	None	
(APPROX) None	Work Al Work	- M		
22. I certify that (1) (this hospital) attend	ed the deceased from De	riodically	ay 57 to A	ugust 18 19 66
that (I) (we) last sow the deceased alive	A II OT IN	66	11	inion death occurred on the do
	/ / / / /			mon death accurred on the do
and hour and from the couses stoted obov	e. (1) (Well (did) (high ploy)	riew the body ofter death	1.	
23A. SIGNATURE	Maidal		F. 11	23B, DATE SIGNED
er. Herman	M.D. Att.	onding Mod. Director	Stoff Phy s.	8_23_66
23C. PHYSICIANS NAME (Typo) HERMAN SETDEL	Wa Bright	23D. ADDRESS 2404 EUTAW	PL BAL	TIMORE. MD.
	C. NAME OF CEMETERY OF CR	MATORY 24D.	LOCATION (C	city, town, or county) (Stoto)
Burial 8-24-66	Arbutus Mem	Park	Baltimore.	Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
AUG 2 5 1966 1 0	ME STOCKWAY,	Obotal of De	Tou 800 1	adison Ave.
/S 150-REV, 1/1/65		Charles R	Law OUZ	aarbott wace
# 130-RET: 1/1/93				



FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	66 ()	8601		BALTIMORE CI	TY HEALTH DEPARTMENT		66 0860
M.E. CASI		0002		CERTIFIC	ATE OF DEATH	Registered Na	3 0000
T BLABAR C	of DECEASED	2 0111/1	a PE	ARL	2. DATE A	NO HOUR OF DEATH	650
3. PLACE	OF DEATH IN B.	ALTIMORE, MAR		11111	4. USUAL RESIDENCE (Wh.	ere deceased lived, If in	
	IAME OF (If	nat in hospital as	r institution, a	ve street	MO	NII	16-06
HOSPIT	AL OR od	Idress or location)			1 /1 . 1 .	11 11	RURAL ond give township)
001	11, 1,10)	rsity 1	Inconi	tr. 0	D. STREET ADDRESS (IF	rural, give location)	
0	MILLE	08114	108121	Tac		ar Grove	Street
5. SEX	6. RACE	U	WIDOWED,	DIVORCED (specify)	B. DATE OF BIRTH 4/18/1898	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
	L OCCUPATION		OB, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
the	Ju sewit	C			MO		ns
13. FATHE	ZS NAME	20			14. MOTHER'S MAIDEN NA	-	
0	lu ti	Sher			Ida V.	stans	
(Yes, na ar u		J. S. Armed Farce give wor or dotes None	of service)	SECURITY NO. None	17. INFORMANT Med Re	cord	ADDRESS
1B.	70 X	1		CAUSE	OF DEATH	3001	INTERVAL BETW ONSET AND DE
		ONDITION DIRE G TO DEATH	CTLY	Can	GESTIVE HEADT	FALLINE	8/4/66-
		the made at a		DUE TO	PULMONARY 1	SBROCK	8/24/6
		which coused o			Ranoma BRE		0/24/6
5105		DENT CAUSES		DUE TO	TOUR ONLY FORCE	1.1.5	**************************************
		cause (A)		(C)			
UND	ERLYING COND			5000000000		w- www.000000000000000000000000000000000	**************************************
OTHE TO DISEA	THE DEATH B	CONDITIONS CO BUT NOT RELAT ON CAUSING IT.	ED TO THE				
13	ATE OF OPERATION		ITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or N	20 B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
DIATE DIA							
OR CO DEATH	CCIDENT WAS	UNDERLYING CAUSE OF	21 B. F home etc.)	larm, factory, street,	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)
OR CO	(Month)	UNDERLYING CAUSE OF examiner) (Day) (Year)	etc.)	larm, factory, street,	affice bldg., INJURY OCCUR?		City, give exact lacotion)
OR CO DEATH	ME (Month)	examiner)	(Hour) 21 E, I		21F. HOW DID IN		City, give exact lacotion)
OR CO DEATH OF IN. (APPRO	Me (Month) JURY OX.)	examiner) (Day) (Year)	(Hour) 21 E. I While Work	NJURY OCCURRED Not W At Wo	21F. HOW DID IN.		- 1
OR CODEATH OF IN. (APPRO	IME (Month) JURY OX.) certify that (1)	examiner) (Day) (Year)	(Hour) 21 E. (While Work	NJURY OCCURRED Not W At Wo	hile 21F. HOW DID IN.	19 66 ta 24	- 1
OR CODEATH DEATH OF IN. (APPRO 22. I death	IME (Month) JURY OX.) certify that (1) (1) (we) last sav	examiner) (Day) (Year) (this hospital) withe deceased	(Hour) 21E, I While Work attended the	NJURY OCCURRED Not Wall Wood of deceased fram	hile 21F. HOW DID IN.	19 66 ta 24	Quq19
V OPEN. (APPRO	IME (Month) JURY OX.) certify that (1) (1) (we) last sav	examiner) (Day) (Year) (this hospital) withe deceased	(Hour) 21E, I While Work attended the	NJURY OCCURRED Not Wall wood of deceased fram (We) (did) (did nat)	21F. HOW DID IN.	JURY OCCUR? 19 <u>QQ</u> ta 2 4 nat in(my) (aur) api	Quq19
OR CODEATH OF IN. (APPRO 22. I and he 23A. SI	(Month) JURY OX.) certify that (1) (1) (we) last saw aur and fram the	examiner) (Day) (Year) (this hospital) withe deceased	(Hour) 21E, I While Work attended the	NJURY OCCURRED A1 Not Wall Wood of deceased fram (We) (did) (did nat)	21F. HOW DID IN. hile	19 66 ta 24	Quq 19
OR CODEATH OF IN. (APPRO 22. I that (and h 23A. SI	IME (Month) JURY OX.) certify that (1) (we) last sav aur and fram th	examiner) (Day) (Year) (this hospital) withe deceased	(Hour) 21E, I While Work attended the	NJURY OCCURRED Not Wall Wood deceased fram (We) (did) (did nat) M.D. A	21F. HOW DID IN. hile	JURY OCCUR? 19 (Q.Q. ta 2 4) nat in (my) (qur) apin	Quq 19
OR CODEATH OF IN. (APPRO 22. I that (and he 23A. SI 23C. Pr	Inatify medical of the following medical of th	(this hospital) w the deceased the causes state	(Hour) 21E. (While Work attended the alive an 2 and abave. (N)	NJURY OCCURRED A1 Not Wood deceased fram (We) (did) (did nat) M.D. A	21F. HOW DID IN. hile	Stoff Phys. Joseph	aug 19 nian death accurred an 23B, DATE SIGNED 24 Aug le
OR CO DEATH UND 21D. TO OF IN. (APPRO 22. I of that (and h 23A. SI 23C. PP 24A. BURIAREMO	Inatify medical of the following medical of th	(this hospital) (this hospital) with deceased the causes state Staple: 248. DATE	(Hour) 21E, I While Work attended the alive an 2 and abave. (1)	NJURY OCCURRED A1 Not Wall wood of deceased fram (We) (did) (did nat) M.D. A ME of CEMETERY of C	21F. HOW DID IN. hile	Stoff Phys. J JOS por Cocation (Ci	aug. 19 nian death accurred an 23B. DATE SIGNED 24 Aug le tal
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OR CO DEATH DOF IN. OF IN. (APPRO 22. I that (and h. 23A. SI 23C. PP 24A. BURI/REMO BI	Inatify medical of the following medical of th	examiner (Day) (Year) (this hospital) w the deceased ne causes state Staple: 24B. DATE 8/27/19	(Hour) 21E, I While Work attended the alive an 2 and abave. (1)	NJURY OCCURRED AI Not Wall Wood of deceased fram (We) (did) (did nat) M.D. A M.D. A M.E. of CEMETERY or C ys Chapel 6	21F. HOW DID IN. hile	Stoff Phys. Jocation (Ci	aug. 19 nian death accurred an 23B. DATE SIGNED 24 Aug le tal





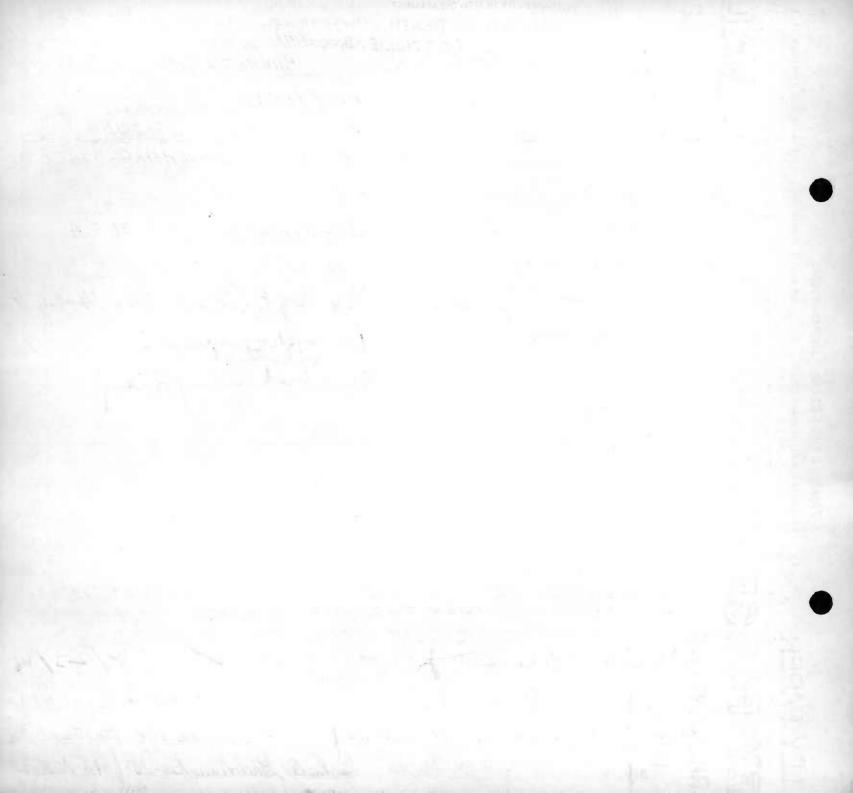
66 08603 66 08603 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS anvale INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (pry) (our) apinion death occurred on the date 238 DATE SIGNED 25A. DATE REC'D BY HEALTH DEPT. 1348 N. Calhoun St. VS 150-REV. 1/1/65



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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

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	ODON	BALTIMORE CITY	HEALTH DEPARTMENT		CC 00000
	8607	CERTIFICA	TE OF DEATH	Registered No.	66 08607
M.E. CASE NO. 1. NAME OF DECEASED Type of Print)				D HOUR OF DEATH	
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PLACE OF DEATH IN BALTI	MORE, MARYLAND		4. USUAL RESIDENCE (When A. STATE B. COUN	o decoosed lived. If ins	titution: residenco before admissi
	in hospital or institution, g s or location)	jivo stroet	11 10 11	altimoresido city limits, write Ri	JRAL and give township)
	1		Baltimore D. STREET ADDRESS (IF	rural, give location)	20 1
Mary land			3611 M.	I ford Au	2.
- SEX Cauce		DIVORCED (specify)		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give lone during most of working life, eve		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foroi	/	12. CITIZEN OF WHAT COUNTRY?
housewise			Irelan	d	USA
3. FATHER'S NAME Patrick	Molloy		14. MOTHER'S MAIDEN NAM		
5. Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	Unkno		ADDRESS
res.no or unknown) (If yos, givo		NONE	XXXXX - XX	*XXXXX Ch	ollet - ?Above
1B. 422.11		CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
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LEADING TO	DEATH	(A) (Q	eloval vareuit	en occiden	ut 16 days
(This does not meon the heart failure, asthenia, etc injury or complication whi	. It means the disease, ch caused deoth.)	(B)	+8540		
DISEASES OR CONDITI	ouse (A) stating the	(C)			
O OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO THE				
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21A. ACCIDENT WAS UND OR CONTRIBUTING CAU	SE OF home	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
O 21 D. TIME (Month) (D	y) (Year) (Hour) 21 &	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
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22. I certify that (I) (this that (I) (we) last saw th				9 6 6 ta	an death occurred an the de
				a(my/ (our/ upin	.s sealii occolled dii ille di
23A. SIGNATURE	luses stated above. (1)	(we) (ala) (ala hat)	view the bady after death.		23B, DATE SIGNED
B. ann	o Ward	M.D. Att	onding Med.	Stoff Phys.	8/22/66
23C. PHYSICIAN'S NAME (Type)		M.D.	23D. ADDRESS		
24A, BURIAL CREMATION 124R	DATE 24C NA	ME of CEMETERY of CR	EMATORY 24D 14	OCATION (City	, town, or county) (Stote)
REMOVAL (Specify)					
Burial 8=	25-66 Woo	dlawn Ceme	terv Ba	altimore, Ma	arvland

VS 150-REV. 1/1/65

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Woodlawn Cemetery 258. NAME OF REGISTRAR

250. FUNERAL DIRECTOR

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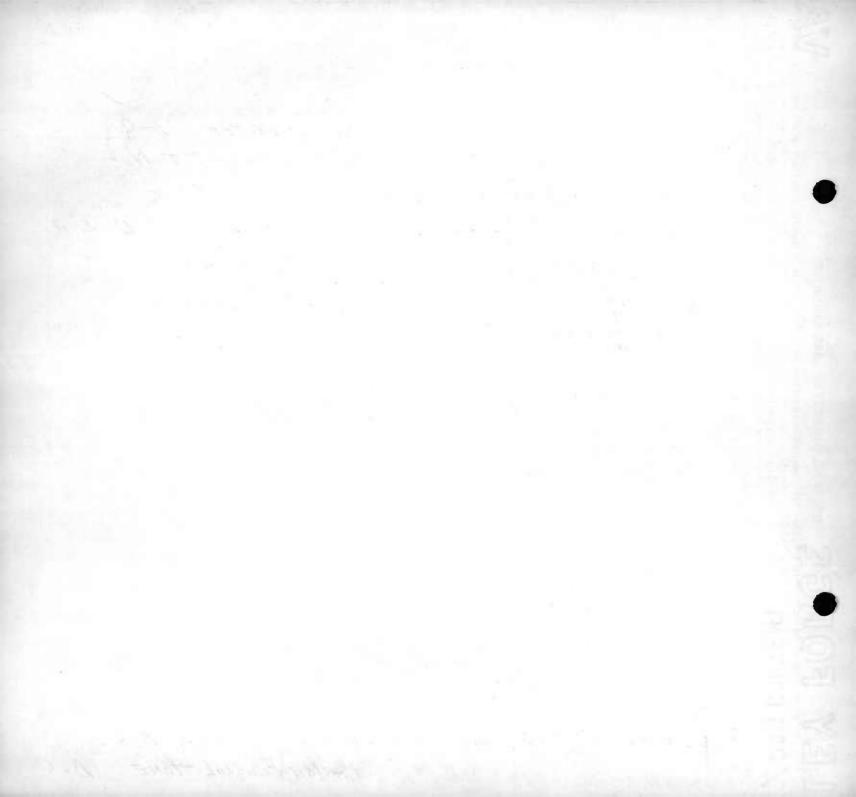
25A. DATE REC'D BY HEALTH DEPT.

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cau se;	i	NSTITUTION	BALTIN	MORE C	CITY H	OSPITALS			its, write RURA	AL and give township)	1
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Z traffe	15. \	Was Deceased			0.57	16. SOCIAL	Eva Daws	on		ADDRESS	
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S = 0 C = : 2		UNDERLYING				(W)		·		*****************************	
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	ERTIFIC	19A. DATE OF	OPERATION	WAS PERFO	DRMED	WHICH OPERATION	20 A. AUTOPSY? (Y	es or No) 20B, IF YE IN CERTIF	S, WERE FIND	OINGS CONSIDERED S OF DEATH?	
Le the second	23	21A ACCIDEN	IT MARK HARD	EDI VINC	[23.0	NACE OF INTURY		. DID (II)	YES		
FL by the pital by re; (2) where No ph	AL C	21 A. ACCIDEN OR CONTRIBU	TING CAU	SE OF	hon	PLACE OF INJURY (e.g., ne, lorm, loctory, street,	office bldg., INJURY OC	CUR?	n politimore Cit	ty, give exact location	-1-3
ital ital No No No	U	DEATH (notify			etc.						
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E 0 0 0 + 0		23C. PHYSICIA	arren _	-///	emper	Ph	ys. Direct	or Phys.		9 -700.	
was r An at prior		NAME (T	ype)	/	/						
			David	1 C. 4	lauger	, M.D.	4940 La.	stern Ave		1224	
手子このる。	24A	REMOVAL (S	MATION, 24B	. DATE	24C. N	AME of CEMETERY of CI	REMATORY	24D. LOCATION	(City, to	own, or county)	(Stote)
		Burial	8	3/26/66		k Lawn Cemete	ry	Ba	altimore	e, Md.	
This certif the body shows: (1) was D.O deceased	25 A	. DATE REC'D	ALIHEAUTH Z	PETGES	258. NAME	OF REGISTRAR	25C. FUNERAL D			ADDRESS	
サキャッショ				1000	Ubrasi	C. Agentahung	John J.	Duda Dune	dalk, Ma	aryland	
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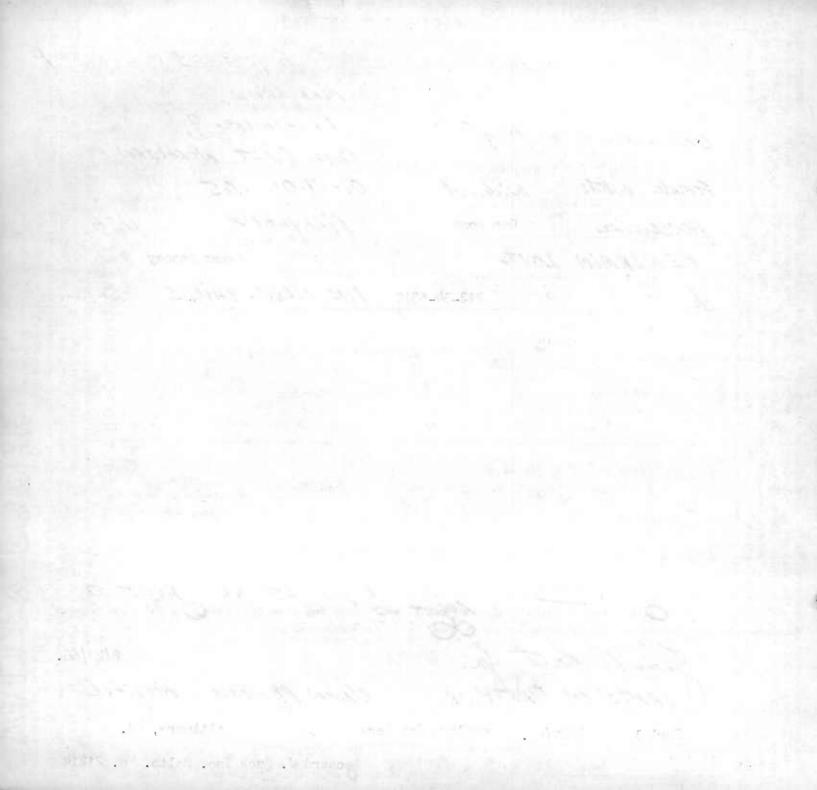
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BALTIMORE CITY HEALTH DEPARTMENT 66 08610 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print 4. USUAL RESI IDENCE (Where deceased lived. If institution:
B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) EMORIAL HOSpita 5. SEX 6. RACE MARRIED. NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Und If Under 24 Hrs. lost birthdoy WIDOWED, DIVORCED (specify) Widowed 12. CITIZEN OF WHAT COUNTRY? 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most at working lite, even if retired) Own Home HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Agnes Kenney 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. SAME 212-34-5319 INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dving, e.g., heart foilure, osthenio, etc. Il meons the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A, AUTOPSY? (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED (If in Boltimore City, give exact location)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.) MEDIC/ (Month) (Dov) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram... 7 19... that (1) (we) last saw the deceased alive an AC 66ond that In (my) (aur) aplnian death accurred an the dote and haur and fram the causes stated abave. (1) (We) ((did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED 8/23/66. Attending Phys. M.D. Med. Director Staff 23D. ADDRESS 23C PHYSICIAN'S NAME (Type 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION City, town, or county) REMOVAL (Specify Woodlawn Cemetery Baltimore, Md. 8/27/66. Burial 25A. DATE REC'D BY HEALTH DEPT 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS eonard J. Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65



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IMPORTANT

DIRECTOR:

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BIRTH NO.	MEDI	ICAL EX	KAMINER'S CI	ERTIFICA	TE OF	DEATH Registe	red Na.
M.E. CASE NO.							
1. NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
	J0		SCHNEIDER		8-24-		12:15 A. M.
	TIMORE, MARYLAND, W			A. STATE Marylan		deceosed lived. If inst	litution: residence before odmission JNTY
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TO	WN (If outsid	e corporate limits, write	e RURAL and give township)
IIN'	ION MEMORIAL	носртта	T D()A	Baltimo D. STREET ADD		cive leastes)	CO
	LOW THE PORTER !	11001 1111	D. 21		rsuch A		8
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under 1 Yr, If Under 24 Hrs
Male	White		DIVORCED (specify)	Oat 16	1007	lost birthdoyl	Months Doys Hours Min.
			erried	Oct. 16		359 58	12 CITIZEN OF
	working lile, even if retired)	OS. KIND O	F BUSINESS OR INDUSTRI	100		n country)	12. CITIZEN OF WHAT COUNTRY?
Unemp	loyed				aryland		USA
13. FATHER'S NAM	Conrad Sch			14. MOTHER'S A	AAIDEN NAM		2
					12 1/6	Cather	
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No			217-09-6858	Mrs. Cat	therine	Schneider	(Same)
18.	A		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
RISE TO THUNDERLYII	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST. II ENIFICANT CONDITIONS DEATH BUT NOT REI	CONTRIBUTI					
E DISEASE O	R CONDITION CAUSING	IT.	****************				
TO DATE OF	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPS		IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
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ACTUA		Trev	this X	ASSISTANT A			DATE SIGNED
SIGNAT	1		M. D.	ASSOCIATE			8-24-66
NAME (Type) RUDIGER	BREITE	NECKER, M.D.	AUGUSTATE (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
23A. BURIAL CRE	MATION, 238. DATE		C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City,	, town, or county) (State)
REMOVAL (Specific Burial		7/66.	Woodlawn Cem	etery		Baltimore	, Md.
	BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR		ADDRESS
	AUG 25 1966	(200)	E. Fall M	Leonar	rd J. Ru	ck Inc. Bal	to. Md. 21214
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BIRTH NO.	66 0	COLY		CEKTIFIC	AILOI	PLAIII			
M.E. CASE NO 1. NAME OF I (Type er Print)		EDMI	INDS	WALL		-	D HOUR OF DEA	ATH 7:	15
	DEATH IN BALTIM					0 -	re deceased lived.	If institution; residence be	
FULL NAM HOSPITAL	OR eddress	haspital ar ins ar tacation)	titution, grve	estreet	A. STATE MAR C. CITY OR	YLAND		Mile RURAL and give town	nship
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					415	LAM	BETH K	ROAD	
5. SEX	6. RACE		IDOWED, I	EVER MARRIED DIVORCED (specify)	12 13		9. AGE (In years last birthday)	If Under 1 Yr. If Menths Deys Ho	Ur
	CCUPATION (Give ki		KIND OF BU	JSINESS OR INDUST	TRY 11. BIRTHPLA	CE (State or ferei	gn country)	12. CITIZEN OF WHAT COUNT	TRY
	EWIFE				BAL	To., M	D.	USA	
13. FATHER'S					14. MOTHER	MAIDEN NA	ME		
TOH	N PERRY	,			UN	KNOW	N		
5. Was Decer	sed Ever in U. S. A	rmed Forces?		SOCIAL	17. INFORMA	NT		ADDRESS	
No or unkn	awn) (If yes, give w	or or dates of :	service)	18-05-58	56 MRS	LAURA	MORITE	2 SAME	
heart faile	ure, asthenia, etc. I complication which	n caused deat	diseose,	DUE TO	terio sele	worker of	e exense v	arter	
heart faild injury or DISEASES rise to UNDERLY	ure, asthenia, etc. complication which ANTECEDENT (CONDITION) The above courtney (CONDITION) III	It means the concave death CAUSES NS, if any, se (A) statillost.	diseose, h.) giving ng the	(B) AV TO	terio sela	norther a	e Larenawy	artar	
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NO THER SI TO THE DISEASE 19 A. DATE 19 A. DATE 21 A. ACC OR CONT DEATH (n OF INJUR (APPROX.) 22. 1 cert	ANTECEDENT OR CONDITION The above countries of Condition The above	It means the concaved death caused death CAUSES NS, if any, se (A) stations. ITIONS CONTENT OF RELATED AUSING IT. 1978. CONDITION WAS PERFORM RLYING CONTENT OF C	giving ng the RIBUTING TO THE IN FOR WH (ED) 21B. PL home, etc 21E. IN While Wark ended the	ICH OPERATION ACE OF INJURY (e., lorm, foctory, street, lorm, focto	g., in ar about 21c., alfice bldg., INJII	DPSY? (Yes or No. S. WHERE DID JRY OCCUR? HOW DID INJ	URY OCCUR?	CAUSES OF DEATH?	catio
NOTHER SITO THE DISEASE TO THE DISEA	ANTECEDENT OR CONDITION THE above countries of CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OF OPERATION (Manth) (Dayly Or of Operation (This was any the countries of the	It means the concaved death caused death caused death CAUSES NS, if any, se (A) stations. ITIONS CONTS OT RELATED AUSING IT. ITIONS CONTS OT RELATED AUGUST OF RELATED AUGU	giving ng the RIBUTING TO THE IN FOR WH (ED) 21B. PL home, etc 21E. IN While Wark ended the	ICH OPERATION ACE OF INJURY (e. larm, factory, street, larm, factory, street, larm, factory, street, larm, factory, street, larm, l	20A. AUTC g., in or about 21C, , office bldg., INJI ork 21F. Vhile 19 Attending Phys. 23D. ADDRESS	DPSY? (Yes or No. S. WHERE DID JRY OCCUR? HOW DID INJ After death. Med. Director	URY OCCUR? 19 66 ta at in (my) (out) Stoff Phys.	apinian death accurre	catio
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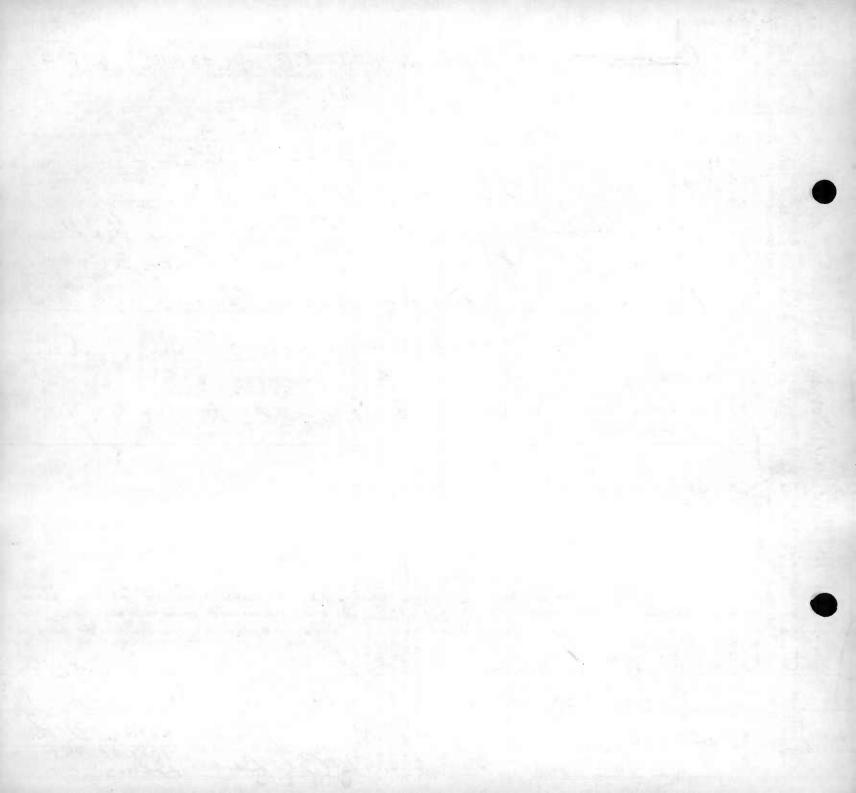
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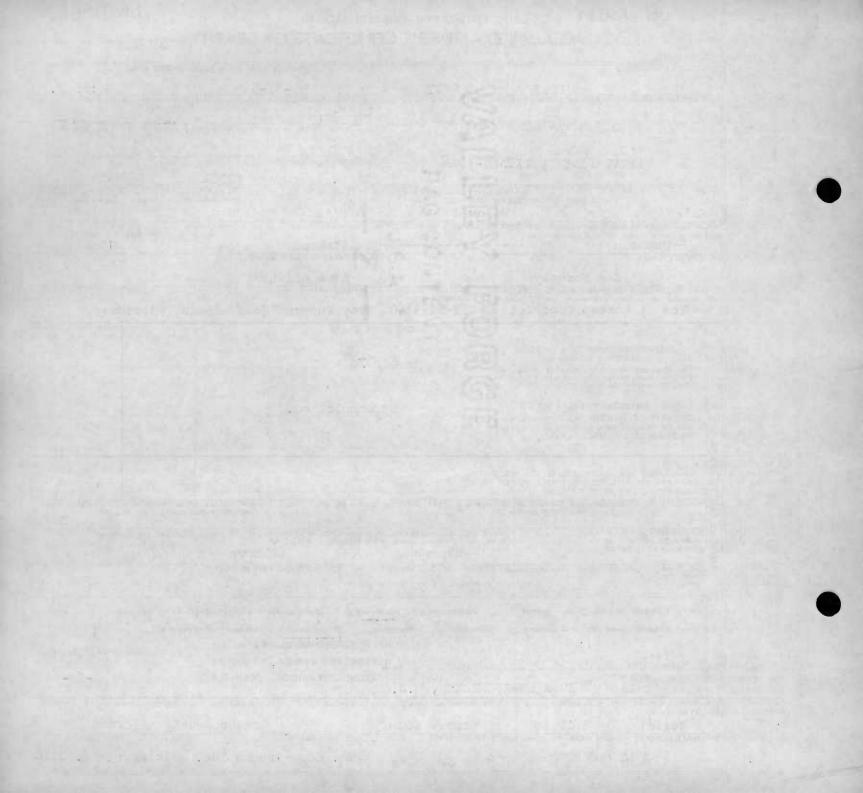
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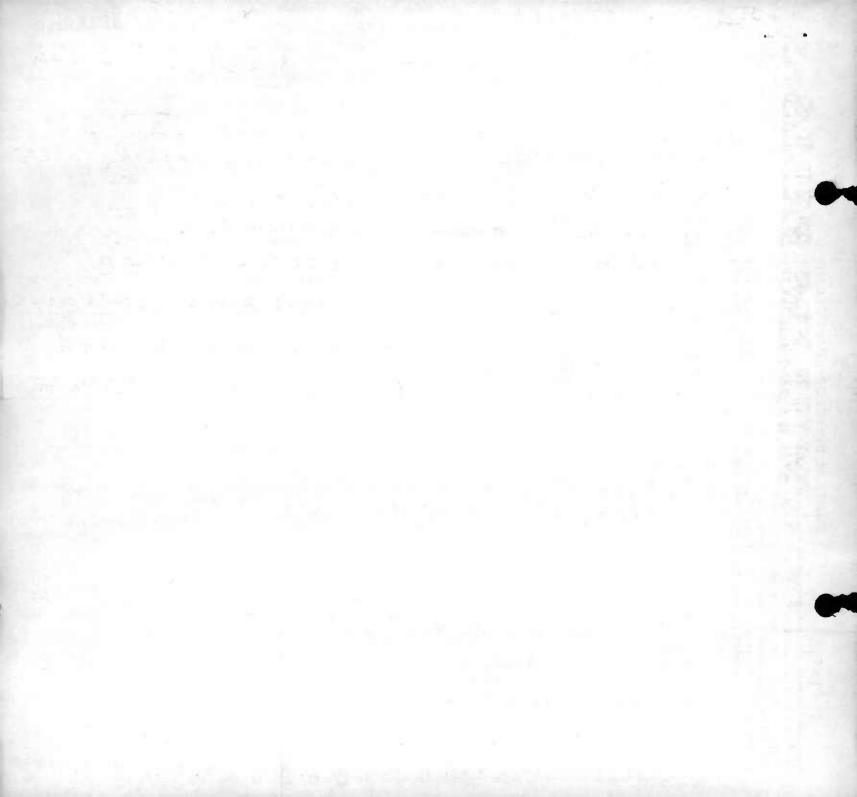
CC 0004C	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 08616
BIRTH NO. 66 U8616	CERTIFICA	ATE OF DEATH	Registered No	00 00010
M.E. CASE NO. 1. NAME OF DECEASED (Typ) 1. Pápil	ray Burner	e Bernie Q. au	Gust20/	966 6.18 A. N
FULL NAME OF (If not in hospital or it	AND stitution, give street	4. USUAL RESIDENCE (Whe A. STATE B. COUN	deceosed lived. If ins	stitution: residence before admission)
HOSPITAL OR oddress or location) 2822 High Ala	0	c. CITY OR TOWN (If ou	tside city limits, write R	URAL ond give township)
2822 114 MXa	meda	D. STREET ADDRESS (III)	rupol, give locotion)	and a
Male white -	MARRIED, NEVER MARRIED WIDDWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B done during most of working life, even if refired)	. KIND OF BUSINESS OR INDUSTR	200 Dellenois		12. CITIZEN OF WHAT COUNTRY?
James W.	Slay	Mande	ME Ca	pper
S. Was Deceased Ever in U. S. Armed Forces? Yes, no er unknown) (If yes, give wor or doles of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	Punex	May 60 #4 4
18. 420.11	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	(A)	aronary He	rombosio	1 day
(This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which coused dec	diseose,	- 4	A-	1
ANTECEDENT CAUSES	(B) DUE TO	rterioscle	ralie	***************************************
DISEASES OR CONDITIONS, if any, rise to the obove cause (A) sto UNDERLYING CONDITION last.		dio Vascula	r Diseas	1 year
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING TO THE			
-	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (FOF INJURY (APPROX.)	While At Not Why		URY OCCUR?	
22. I certify that (I) (this haspital) at		2mg /6	1966 10 acc	9 20 1966
that (I) (we) last saw the deceased o	4		ot in(my) (over) apin	han death occurred on the date
ond hour ond from the couses stated 23A. SIGNATURE	above. (!) (#a) (did) (did not)	view the body ofter deoth.		23B. DATE SIGNED
Clias Wul Geliun	cele M.D. A	Med. Director	Stoff Phys.	aug 20,1966
Chas. Was Edu	ouds M.D	23D. ADDRESS 274676	Hamla	risto. Tild
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. L	OCATION (City	y, town, or county) (Stote)
AUG 26 1966	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Barks /3	217 ACODESEIC
VS 150-REV. 1/1/65	The Control of	8 6 3		



	66 08617	BALTIMORE CITY H	HEALTH DEPARTMENT		66
TH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No

A.E. CASE NO.						
NAME OF D	ECEASED			2. DA1	TE AND HOUR PRONOUNC	ED DEAD
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S	AMUEL	HORNSBY	8-1	17-66	6:35 P. M.
. PLACE IN BA	LTIMORE, MARYLAN	D, WHERE PRONO				titution: residence before admission)
IIII MAAAE OF	UE NOT IN H	OSPITAL OR INSTITU	JTION, GIVE STREET	Maryland		
ULL NAME OF IOSPITAL OR NSTITUTION	ADDRESS OR	LOCATION)	JHON, GIVE SIKEEL	C. CITY OR TOWN (If	outside corporate limits, write	RURAL and give township)
4311011014				Baltimore	-	01
	UNIVERSIT	Y HOSPITAL	- DOA	D. STREET ADDRESS (I	f rurol, give location)	
				28 S. Broady	vay 21231	
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
3/-7-	771. * 4		DIVORCED(specify)	6/1/20	lost birthday?	Months Doys Hours Min.
Male	White		lowed	6/1/32	34	12. CITIZEN OF
	f working life, even if r		BUSHNESS OR HADOSIK	III. BIRITIPLACE (Sidle of	r to reight country)	WHAT COUNTRY?
_	known			Alabama		USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	Sam Hor	rnsby		Alma Oliv	er	
	SED EVER IN U.S. A	ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes		Conflict	253-54-3340	Bray Funeral	Home Apaka,	Florida
1B	1 0 /			OF DEATH	ripana,	INTERVAL BETWEEN
L 1	834		CAUSE	OF DEATH		ONSET AND DEATH
DISE	ASE OR CONDITIO	ON DIRECTLY				
(This does	LEADING TO I		(A) AS	phyxia		
heort foilu	re, asthenia, etc. It	meons the diseose,	DOE 10			
1						
	ANTECENDENT C		(B) St	rangulation.		
DISEASES	OR CONDITIONS THE ABOVE CAUSE	A STATING THE	DUE TO			
	ING CONDITION					
5			(C)	***************************************		
	- 11					
		TIONS CONTRIBUTION TO TO T				NE PLEASE
_	OR CONDITION CA					
19A. DATE		S PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CAU	
				Yes		Yes
UNDERLYING	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHERE	DID (If in Boltimore City, gi	ve exoct location)
Ş UTING □ CA	USE OF DEATH.	etc.)	Unknown		Inknown	
21D TIME	(Month) (Day)	(Yeor) (Hour) 2	IE. INJURY OCCURRED		NJURY OCCUR?	
OF INJURY			WHILE AT TO NOT			
	Unknov	√n m. \	VORK AT W	ORK X	Strangled	
22.	ertify that I held o	n Inquiry	Inspection Aut	apsyXX and that	an this basis, death in r	ny apinian
105	ulted from: Natur	el causes	Accident Suicid		Undetermined mann	
100	1/), -		CHIEF MEDICA		
ACTU	AL /	1/ Suc of	()			DATE SIGNED
SIGNA		The C	MA	ASSISTANT MEDICA		EDMINE DITT
	INER'S	ייידים מחדים א סיידים מחדים מחיים	MECKED M D	ASSOCIATE MEDICA	L EXAMINER	8-18-66
3A. BURIAL CI			NECKER, M.D.	CREALATORY	32D 10 CATION (C)	form or country (Co.)
EMOVAL (Spec		23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City,	, town, or county) (Stote)
Buri		29/66	Orange Count	у	Orange County	, Florida
	D BY HEALTH DEPT		OF REGISTRAR	24C. FUNERAL DIRI		ADDRESS
	AUG 26 19	366 R.C.	E. FalleyMA	Wm. Cook-I	Brooks Inc. Bal	timore, Md. 21202
'S 151-REV. 1/	1/65 N9	1 /1×3 :	000	0861	9	





If Under 24 Hrs.

Hours

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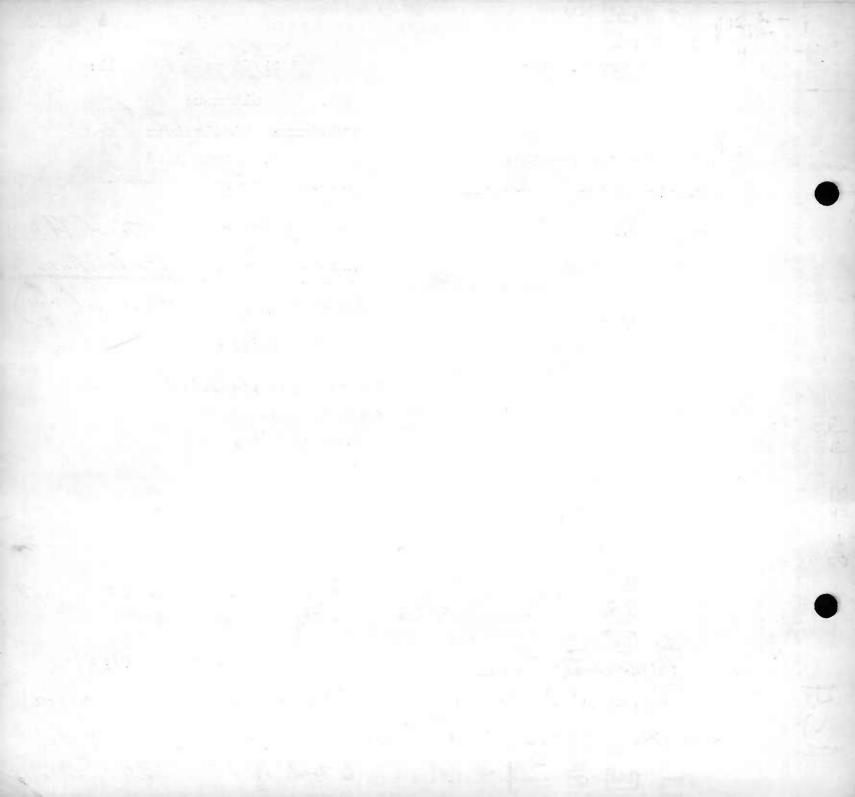
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BALTIMORE CITY HEALTH DEPARTMENT SERTIFICATE OF DEATH Registered No. 66 08623

M.E. CASE NO.	a 140 MILDI	CAL LA	MAIII AEK 3 C	LKIIICA	IL OI DLAIII	g.510.00 110s_	
1. NAME OF DEC	EASED				2. DATE AND HOUR PRONC	UNCED DEAD	
(Type or Print)	DAW	N .	JOHNSON		8-24-66		9:10 A. N
3. PLACE IN BALTI FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	HERE PRONOU	INCED DEAD	Marylai	ENCE (Where deceased lived.		dence before odmissio
0	1305 MYRTLE	AVENUE			RESS (If rurol, give locotion)	7-0	
4						21217	
Female	Colored	WIDOWED, I	NEVER MARRIED DIVORCED (specify) Single	B. DATE OF BIRT	12,1966 lost birthdoy	5	r 1 Yr. If Under 24 H Doys Hours Min
done during most of w	orking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTR	Maryl	and	U.S	T COUNTRY?
William	A. Johnso	n		Mary W			
	O EVER IN U.S. ARMED (If yes, give wor or dote		16. SOCIAL SECURITY NO.	Mr Wm.	Johnson 1305	Myrtle	
18. // 0	V .		CAUS	E OF DEATH			INTERVAL BETWEEN
DISEAS	I E OR CONDITION DI LEADING TO DEATH			Bronchio	litis		ONSET AND DEAT
heort foilure,	ot meon the mode of osthenio, etc. It meons application which caused	the disease,	DUE TO		11.010	******************	~ m g ⊕ o m g o o o o o o o o o o o o o o o o o
DISEASES OF RISE TO THE UNDERLYIN	NTECENDENT CAUSE OR CONDITIONS, IF A BOVE CAUSE (A) S' G CONDITION LAST. II IIIFICANT CONDITIONS DEATH BUT NOT RE	NY, GIVING TATING THE					
DISEASE OR	OPERATION 198. CON WAS PER	DITION FOR V	10000000100000010000	20A. AUTOPSY	7? (Yes or No) 20B. IF YES, WI	ERE FINDINGS C	ON SIDERED
21 A. EXTERNAL UNDERLYING	OR CONTRIB-	home,	PLACE OF INJURY (e.g., , form, factory, street,	in or obout 21C. V	WHERE DID (If in Boltimore C	Yes lity, give exoct lo	ocotion)
UTING CAUS 21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	TE. INJURY OCCURRED WHILE AT NOT NOT ORK	WHILE WORK	OW DID INJURY OCCUR?		
22.	ify that I held an I	nquiry 🗌	Inspection A	utapsy X an	d that on this basis, deat	n in my apinio	n
result	ed from: Natural co	uses XX A	sceldent Suici		Undetermined	manner	
ACTUAL SIGNATI	JRE	rever	while M.	ASSISTANT M	EDICAL EXAMINER		DATE SIGNED
EXAMIN NAME (T	Type) RUDIGE		ENECKER, M.D.		AEDICAL EXAMINER		8-24-66
REMOVAL (Specify) Burial	0.00		c. NAME of CEMETERY		23 D. LOCATION Baltimor	e Md.	county) (Stote)
24A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR CLASH		w. Bidale St
VS 151-REV. 1/1/8	y6 2 6 1965	The Contract	5 6 6	0 0	Irs) Frances A. Hen	17:0	

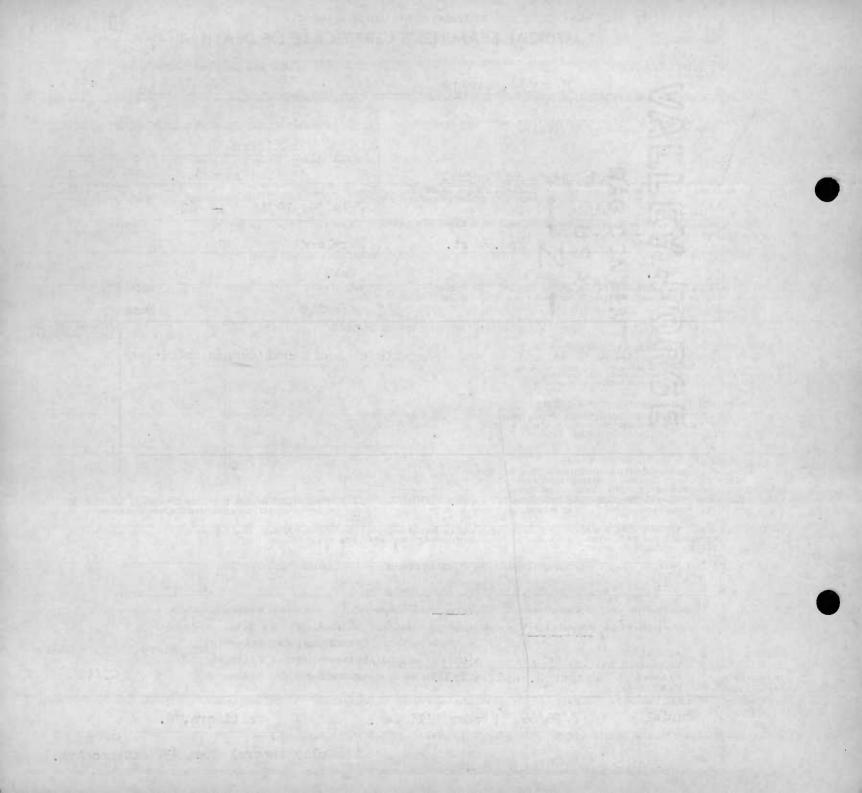
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BALTIMORE CITY HEALTH DEPARTMENT

erric condition of continue about and the state of t

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIKIH NO.	CAL LYAMIIATER 2 C	LKITTCATE OF DEATH REGIST	110.
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print) Henr	y A. Soukup	2. DATE AND HOUR PRONOUN 8/23/6	
3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA INSTITUTION	AL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived. If in B. CO. Maryland C. CITY OR TOWN (If outside corporate limits, with Baltimore)	DUNTY (1)
C P . 1	······ 0 ······ 1	D. STREET ADDRESS (If rurol, give locotion)	
5. SEX 6. RACE white	imore General 7. Married, Never Married WIDOWED, DIVORCED (specify) D	232 Townsend Ave. 8. Date of Birth July 30, 1904 9. AGE (in years lost birthday) 55 62	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
IDA. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired 13. FATHER'S NAME	Fed Govrt.	Maryland 14. Mother's Maiden Name	12. CITIZEN OF WHAT COUNTRY?
Unk.		Unk.	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dote NO		Family	Address Same
(This does not meen the mode of heart foilure, ostherio, etc. It meons injury or complication which coused of the county of the	the disease, deoth.) S NY, GIVING PATING THE (C)		
		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CALL in or obout 21 C. WHERE DID (If in 80ltimore City,	USES OF DEATH?
	home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED WHILE AT NOT AT V NOT AT V USES Accident Suicid	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE VORK and that an this basis, death in	my apinian
NAME (Type) 23A. BURIAL CREMATION, 23B. DATE REMOMAL (Specify) 8/26/	23C. NAME of CEMETERY Geder Hill Ce	***	ly, town, or county) (Stote)
24A. DATE REC'D BY HEALTH DEPT. VS 151-REV. 1/1/65	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR McCully Funeral Home 2	ADDRESS



ятн No. 66 08626	BALTIMORE CITY	HEALTH DEPARTMENT		66 08626
	CERTIFICA	TE OF DEATH	Registered No.	00 00000
A.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
yperor Print) muth, An	NAF	6-	-25-66	12:300
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If i	nstitution: residence before odmissi
		A, STATE B. COUN	r/ _/	1000
HOSPITAL OR (If not in hospital or instit	ution, give street	11 Hay	19 na	11101
INSTITUTION	I humsing	C. CITY OR TOWN AT OUT	side city limits, write	_
D company	114.011	D. STREET ADDRESS (III	urol, give location)	(
HEN! D.	16 / 21	O. SIREEI ADDRESS	ordi, give localioni	an Aug
1301 201	ce janusj.	75 0	14110	7) 406
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)		ost birthday	Months Doys Hours Min
	ingle	4/19/84	82	
A. USUAL OCCUPATION (Give kind of work 10 B. KII one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
41	tore	marvia	ind	(1, S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE NE	C(2 0 . / /
M- 1. Hal.	41	1 . <	> -11	
marin pelmy	Th	Mana	MITA	
. Was Deceased Ever in U. S. Armed Forces? es, no os unknown) (If yes, give wor or dates of ser	vice) 6. SOCIAL SECURITY NO.	17. INFORMANT	numing	1501 Dulle
NO	219-10-6979	Home		1301 141414
18.450.0	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		- A	-	ONSET AND DEATH
LEADING TO DEATH	(A) Cly	leroscleros	75	4485
	e.g., DUE TO			
(This does not mean the mode of dying,				
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)	sease,			
heart failure, asthenia, etc. It means the dis	sease,			
heort failure, asthenia, etc. It means the dis injury or camplication which coused death.) ANTECEDENT CAUSES	(B)			
heorl failure, asthenia, etc. II meons the distinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	(B) OUE TO giving			
heart failure, asthenia, etc. II means the distinction or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	(B) OUE TO giving			
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heort failure, asthenia, etc. It means the distingury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating UNDERLYING CONDITION last.	(8)			
heorl failure, asthenia, etc. II meons the distingury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	(B)			
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heor failure, ashlenia, etc. II meons the disinjury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED	(B)	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
heori failure, asthenia, etc. II meons the disinjury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED.	BUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, off)	or obout 21 C. WHERE DID	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? e City, give exact location)
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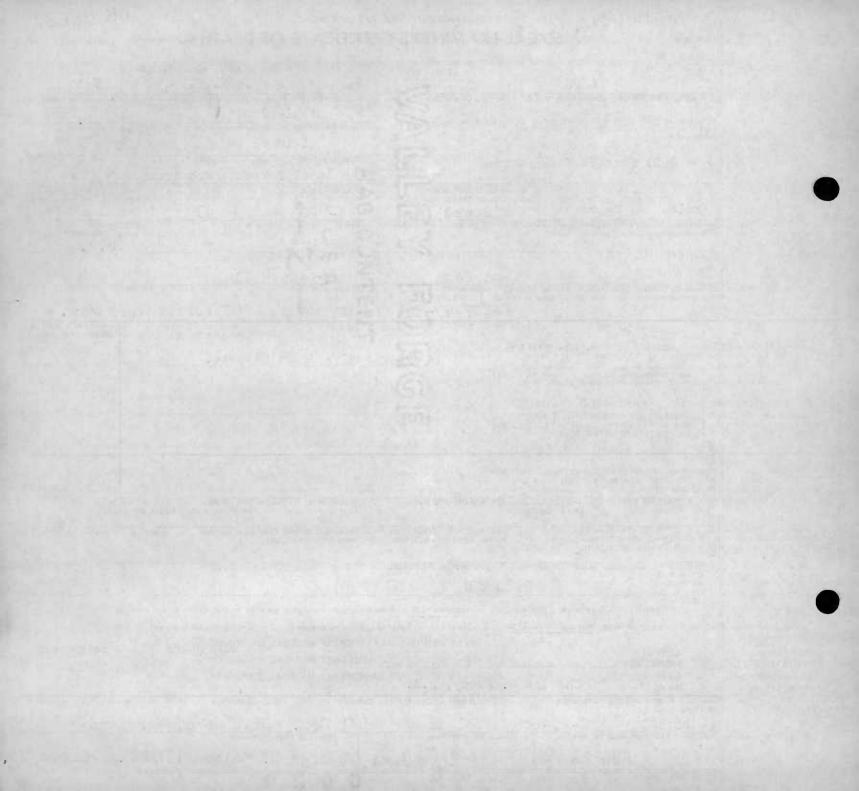
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		Geneva E				8/23/66	7:05 a. M.
3. 1	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. If institution B. COUNTY	n: residence before odmission)
CII	LL NAME OF	(IF NOT IN HOSPITA	AL OR INICTITI	TODAL CIVE STREET	Marvla	and	
HO	SPITAL OR	ADDRESS OR LOCA		THOM, GIVE SIKEET	C. CITY OR TOWN (If outs	side corporate limits, write RUR	RAL and give township)
IIN 2	TITUTION				Baltin	nore 4	63.7
					D. STREET ADDRESS (If rur	ol, give location)	3000
7	Ch	urch Home and	1 Uocnit	- 1	1602	Shakespeare St.	
5. 5		6. RACE		NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs.
٠				OIVORCED (specify)		lost birthdoy) Mo	onths Doys Hours Min.
	female	white	Marrie		June 5, 1932	34	
			TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
	Housewif	vorking life, even if retired)	Own H	lome	West Virginia		WHAT COUNTRY:
	FATHER'S NAM		0	.01.0	14. MOTHER'S MAIDEN NA		
		** 77			Jaunitta Lo	a a b	
2.5		Herman Kno		1/ 60 6141	17. INFORMANT		DRESS
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.			
	No			232-50-0129	Virgil Evans	1602 Shakespe	eare Street
	18.	A		CAUSE	OF DEATH		INTERVAL BETWEEN
	3 81	, 0					ONSET AND DEATH
	DISEAS	E OR CONDITION DI LEADING TO DEATH		Fatty	y alteration of	liver	
	(This does n	of meon the mode of		(A). TALL.	y alteration or	T T A C T	
	he ort foilute,	osthenio, etc. It meons application which coused	the discose,	001 10			
		NTECENDENT CAUSE		(B)			
		OR CONDITIONS, IF A E ABOVE CAUSE (A) S'		DUE TO			
		IG CONDITION LAST.					
Z				(C)			
E	7	II .					
3		NIFICANT CONDITIONS DEATH BUT NOT RE					
正		CONDITION CAUSING					
CERTIFICATION	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FINDIN	
O	2	WAS PER	FORMED		yes	IN CERTIFYING CAUSES C	OF DEATH?
1	21 A. EXTERNAL		21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City, give ex	roct location)
일	UNDERLYING DEAU		home etc.)	, form, foctory, street,	office bldg., INJURY OCCUR?		
I		JE OF BEATTI					
Σ	21 D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
	(APPROX.)		v	WHILE AT NOT	WHILE		
	22.		m• v	VORK L AT W	OKK LI		
		ify that I held on I	nquiry 🔲	Inspection Au	topsy x ond that on	this bosis, deoth in my op	olnion
	resul	ted from Natural co	uses X A	ccident Suicid	e Homicide	Undetermined manner	
		/)			CHIEF MEDICAL	EVAMINED	
	ACTUAL	11101	1 1	6-11-			DATE SIGNED
	SIGNAT		ly h	7 M.D	ASSISTANT MEDICAL	EXAMINER 🔀	
	EXAMIN	ER'S		5/-	ASSOCIATE MEDICAL	EXAMINER	8/23/66
23/	NAME (110-110-		C. NAME OF CEMETERY	CREM ATORY 23D	LOCATION (City, town	n, or county) (State)
	MOVAL (Specify)		O. HAME OF CENTETERT	JI CKENTATORI 230	tolly, low	,, 0, 00011177 (0.1016)
	Burial	8-27-1	966 I	Bonnifield	R	oute 2, Parsons	. West Virginia
		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECT		ADDRESS
		10 0 0 1000 (1000	7 7.0	Lilly & Zei	ler Inc. 1001	-07 Footom A
	AL	6 26 1966 0	Allen AT	i stilleuma	DITTY & 791	Ter Tue. TAOT	-07 Eastern Ave
VS	151-REV. 1/1/	65			0 0 / 53	0	7

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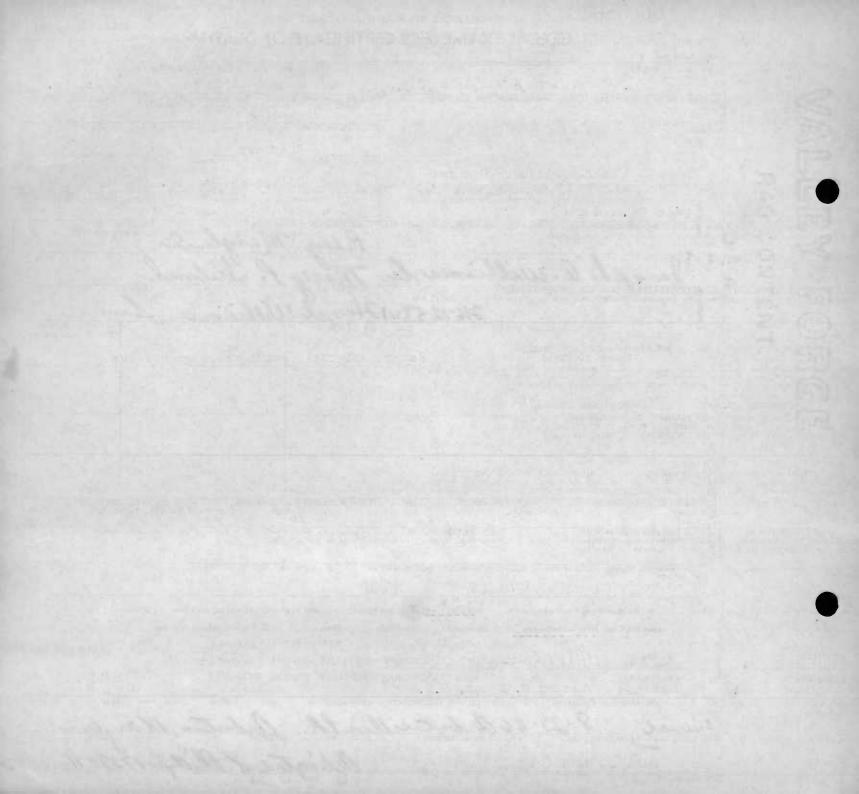
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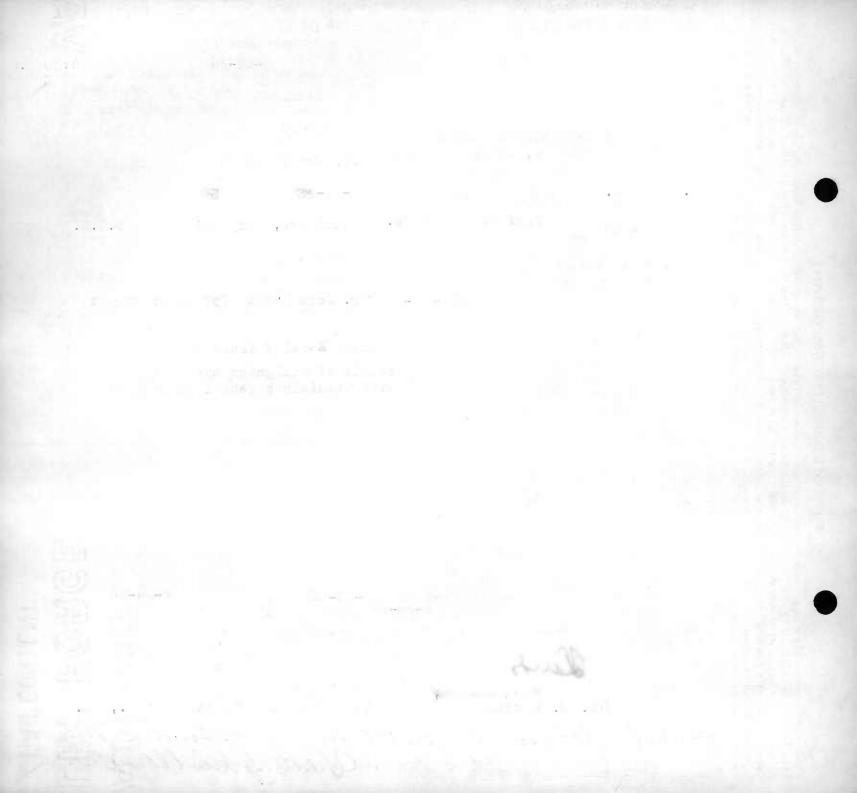
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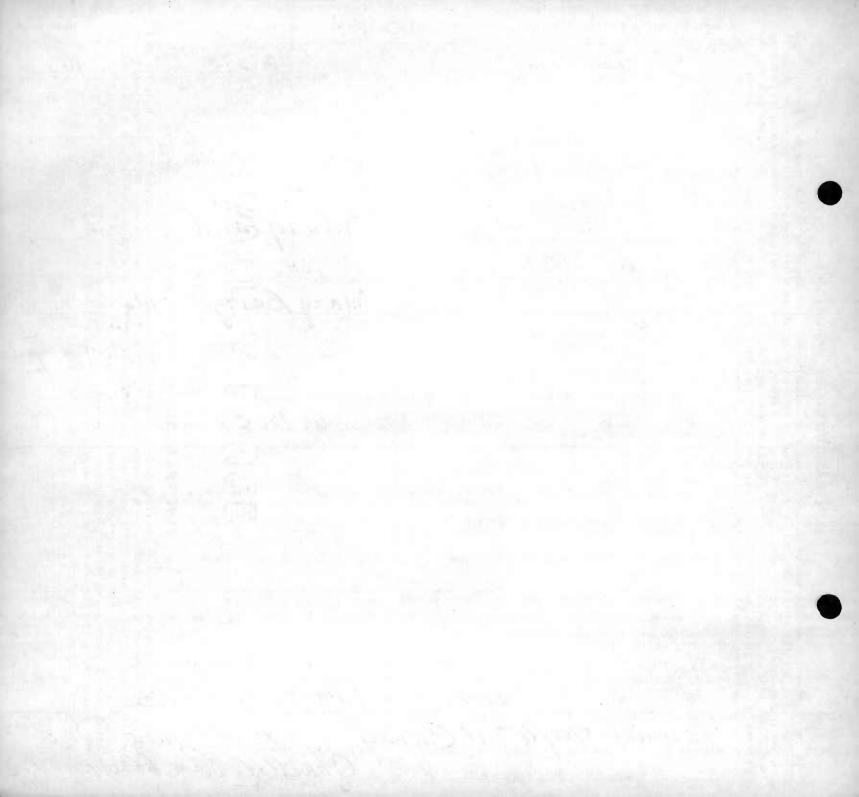
W-452	8 BALTIMORE CITY HEALTH DEPARTMENT 66 US630 BERTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 US630
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Joseph A Williams JR. 2. Date and Hour Pronounced Dead 8/21/66 4:45 p. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rural, give location)
7	South Baltimore General
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) Institution of the property of the
	male colored 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Action of working life, even if retired) Relay, Maryland
	Jasaph a. Williams Sr. Mary P. Ireland
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn) (If yes, give wor or dates of service) 216-12-59 (a) 216-12-59 (a) 216-12-59 (a)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenic, etc. II means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of Operation 198. Condition for which Operation 204. Autopsy? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED 10 CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (lif in Boltimore City, give exoct location) home, form, factory, street, affice bldg., INJURY OCCUR?
	Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT WORK The control of th
	I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted from: Natural causes Accident Suicide Hamicide Undetermined manner
	ACTUAL SIGNATURE L
	EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 8/22/66
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State) EMOVAL (Specify) 8-25-66 Whattus Mem Ph. 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR APPORESS
	AUG 26 1966 in Reg E. Farburna Aslingtones Phillips 172711. Nanrae



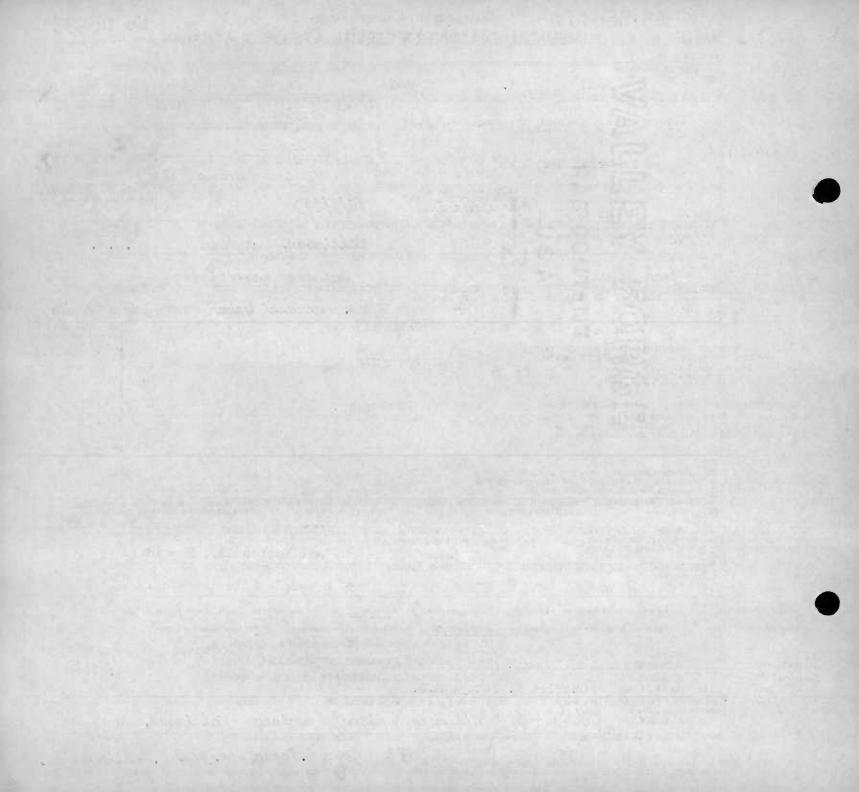
FUNERAL DIRECTOR: IMPORTANT

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PLACE OF D	EATH IN BALLIMORE, MA	AKILAND		A, STATE B, COUN	TY	f institution: residence before admiss
FILL NAME	OF (If not in hospital	l as institution a	nun ahnah	Maryland	2-1	1-01
HOSPITAL OF	R oddress or locotic	on)		C. CITY OR TOWN (If out	side city limits writ	te RURAL and give township)
INSTITUTION	Provider	nt Hospi	tal	Baltimore	order erry mining, with	to Konta one give township)
9	1514 Div	rision S	treet		rurol, give location)	
1	Baltimor					
	Datetmen	e, nary	Tand ZIZI/	757 Dover St	reet	
SEX	6. RACE		NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Min
F.	C.		arred (specify)	2-23-16	50	Williams Doy's Moors 14th
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Garmet	worker	Terrect	Garmet Co.	Baltimore, Ma	aryland	U.S.A.
3. FATHER'S NA	AME	1		14. MOTHERS MAIDEN NA	ME	
0 -	022			Fligoboth		
	rge Gibson			Elizabeth		
es no of unknow	ed Ever in U. S. Armed Fo wn)(If yes, give wor or do	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, , , , , , , , , , , , , , , , , , ,			Mr. John Scot	757 Des	ver Street
Tio.					ישע זכו י	
18.	4 5 X 3		CAUSE O	PULATH		INTERVAL BETWEEN ONSET AND DEATH
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DISEASES rise la UNDERLYIN OTHER SIG TO THE DISEASE O 19 A. DATE (OR CONTRI OF INJURY (APPROX.) 22. I certif that (1) (w. and haur a 23A. SIGNA 4A. BURIAL CI TRMOVAL	e, ashenia, etc. It mean amplication which cause amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION fast. INIFICANT CONDITION PARTIES OF OPERATION PROPERATION PROPERATION PROPERATION PROPERATION PROPERATION (MAS PEI) (Month) (Day) (Year of the parties of the parti	s the disease, d death.) S any, giving staling the CONTRIBUTING ATED TO THI IT. NDITION FOR V RFORMED 218. hom etc.) (Hour) 21E. Whi sed alive an ated abave. (I	DUE TO TE (B) Wi DUE TO (C) (C) PLACE OF INJURY (e.g., in the continuous of the	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 8-23-66 19 and the view the bady after death. 23D. ADDRESS Provident Hosp 1514 Division	208. IF YES, WER IN CERTIFYING (If in Boltim URY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exact location) 8-24-66 19 238. DATE SIGNED Balto. Md
DISEASES rise la UNDERLYIN OTHER SIG TO THE DISEASE O 19 A. DATE (OF CONTRI DEATH (not) 21 A. ACCID OR CONTRI DEATH (not) 22 L Certif that (1) (w. and haur a 23 C. PHYSIC NAME	e, ashenia, etc. It mean amplication which cause amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION fast. INIFICANT CONDITION PARTIES OF OPERATION PROPERATION PROPERATION PROPERATION PROPERATION PROPERATION (MAS PEI) (Month) (Day) (Year of the parties of the parti	s the disease, d death.) S any, giving staling the CONTRIBUTING ATED TO THI IT. NDITION FOR V RFORMED 218. Whi Worl at a dive an	DUE TO TO (B) WI DUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., in e.g., form, foctory, street, of the deceased from the deceased	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 8-23-66 19 and the view the bady after death. 23D. ADDRESS Provident Hosp 1514 Division	208. IF YES, WER IN CERTIFYING (If in Boltim URY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exact location) 8-24-66 19 238. DATE SIGNED Balto. Md





BIR	TH NO.	\	MEDICAL E	XAMINER'S C	ERTIFI	CATE OF [DEATH Registe	red No.
1	CASE NO.							
1. (Ty	De or Print)	CEASED					HOUR PRONOUNCE	
		JOHN	М.	URBAN			24, 1966	12:20 A M.
3. 1	LACE IN BALT	TIMORE, MARYLA	ND, WHERE PRONO	UNCED DEAD	4. USUA A. STATI	Maryland	deceased lived. If insti B. COU	itution: residence before admission) NTY
FUI	L NAME OF	(IF NOT IN	HOSPITAL OR INSTIT	UTION, GIVE STREET	C. CITY		comparate limits write	RURAL and give township)
INS	TITUTION	ADDRESS O	R LOCATION)				corporate minis, wine	The state of the sound state of the state of
1						Baltimore		1-01
7	Union	Memorial	. Hospital		D. STREE	T ADDRESS (If rural,		
					11	808 Cator	Avenue	
5. 5	EX	6. RACE		, NEVER MARRIED DIVORCED (specify)	B. DATE	,	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
I	fale	White	Neven	married"	10/	1/1950	15	
		JPATION (Give kin		F BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or foreign	country)	12. CITIZEN OF
don	duringmost of	warking life, even if	retired)		Ral	timore, Ma	nuland	WHAT COUNTRY?
13.	ATHER'S NAM	A E			14. MOTH	ER'S MAIDEN NAME	agranac	1 d. 5.71.
	John	Urban			M			
15			ARMED FORCES?	16. SOCIAL	17. INFOR	inganet gri	etzingen	ADDRESS
	, ng or unknown		or dates of service)	SECURITY NO.	A4	AA .	n	C . 4
	NO			-	Mrs.	Margaret !	Irban 808	ADDRESS Cator Avenue
	1B. E.	130 00		CAUSE	OF DEA			INTERVAL BETWEEN
	DISEA	SE OR CONDIT	ON DIRECTLY					ONSET AND DEATH
	DIJEA	LEADING TO		(A) Asphy	via			
	heart failure,	not mean the n asthenia, etc. I mplication which	nade of dying, e.g., t means the disease,	DUE TO				***************************************
		mprioditori militari	000300 0001111					
		NTECENDENT		(R) Dro	wning			
	RISE TO TH	OR CONDITION	IS, IF ANY, GIVING E (A) STATING THE	DUE TO			*******************************	•••••••••••••••••••••••••••••••••••••••
_	UNDERLYIN	NG CONDITION	LAST.	(6)				
Ó				(C)	***************************************			
AT	OTHER SIGI	II NIFICANT COND	ITIONS CONTRIBUTI	NG				ELECTRIC DESCRIPTION OF THE PERSON OF THE PE
S	TO THE	DEATH BUT N	OT RELATED TO					
ERTIFICATION		R CONDITION C		WHICH OPERATION	120 A AI	ITOBEV2 (Van or No)	20B. IF YES, WERE FIN	I DINGS CONSIDERED
S			AS PERFORMED	WINGIT OF EXAMON			IN CERTIFYING CAUS	ES OF DEATH?
4	21 A. EXTERNA	L CAUSE WAS	218	PLACE OF INJURY (e.g.,			f in Baltimara City air	Yes
O	UNDERLYING X	OR CONTRIB-	ham etc.)	e, form, factory, street, c	ffice bldg.,	INJURY OCCUR?	in in ballimare City, giv	- AND
自	O IING - CAU	SE OF DEATH.	610.7	Lake		Lake Monte	bello, Balt	imore
	21D TIME OF INJURY	(Month) (Doy)	(Year) (Hour)	21E INJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?	
	(APPROX.)	8 24	'66 P _m .	WHILE AT NOT	WHILE X	Drowned wh	ile swimmin	g.
	22.	tify that I held	on Inquiry	Inspection Aut	opsy X	and that on thi	s bosis, deoth In m	y opinion
	resul	ted from: Note	rol couses	Accident X Suicid	e 🗌 1	domicide U	ndetermined monne	or 🗌
					СН	IEF MEDICAL EX	AMINER	
	ACTUAL)/-01	1/-		NT MEDICAL EX		DATE SIGNED
	SIGNAT		Laster !	M.D.				8/25/66
	EXAMIN	Type) Cl	narles S. P	etty, M.D.	ASSOCIA	ATE MEDICAL EX	AMINER	
	BURIAL CRE		ATE 2	C. NAME OF CEMETERY O	CREMAT	ORY 23D. LC	CATION (City,	town, or county) (State)
N.E.A	Buria	2 8/	29/1966	Baltimore Na	tiona	l (emetery	Baltimor	re, Maryland
244	DATE REC'D	BY HEALTH DE	T. 24R NAME	OF REGISTRAR		FUNERAL DIRECTOR		ADDRESS
				E C In D. MA			7 2000	C 0 11:
		AUG 26	1900 1000	S. E. Farkuma	001	at no noran	Jnc. 3000 8	E. Baltimore St.
VS	151-REV. 1/1/			- U		1 1 0 0		



BIRTH NO.	WEDI	CALEX	CAMINER'S CI	ERTIFICA	IF OF I	DEATH Registe	ered Na	-
M.E. CASE NO.								
1. NAME OF DEC					2. DATE AN	D HOUR PRONOUNC	ED DEAD	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MATTIE M.	RAY	MOND R	OBINSON	A	ugust 24, 1	966 5:05	P
3. PLACE IN BALT	IMORE, MARYLAND, WI	HERE PRONO	UNCED DEAD	4. USUAL RESID	ryland	deceased lived. If inst	litution: residence befare JNTY	admi s sic
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	L OR INSTITUTION)	UTION, GIVE STREET			e corporote limits, write	e RURAL and give tawn	ship)
Lutl	neran Hospita	1		D. STREET ADD			et et	6
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years	If Under 1 Yr. If Und Manths Doys Hou	
Female	Negro	Sepa	arated	2-2-192	23	43		
	JPATION (Give kind of work working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY		(State or foreign		12. CITIZEN OF WHAT COUNTRY	?
3. FATHER'S NAM				14. MOTHER'S M				77
Purnel I	ofland			Paulin	ne Turne	ייןכ		
	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
	Olf yes, give war ar dote		SECURITY NO.		ne Chand	iler - 3033	Windsor Ave.	
DISEASES RISE TO TH UNDERLYIN OTHER SIGN TO THE	asthenia, etc. It means application which coused of asthenia, etc. It means application which coused of asthenia which coused of asthenia which coused of asthenia which could be a solved to the asthenia which are asthenia	the disease, leath.) S NY, GIVING ATING THE CONTRIBUTII ATED TO 1 IT.	(B)	hosis.	f2 (Yes at No.)	208. IF YES, WERE FI	NDINGS CONSIDERED	
U O	WAS PERI		WHICH CFERATION	No.		IN CERTIFYING CAU		
UNDERLYING DEAU	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., e, form, factory, street, a	in or about 21C. Inflice bldg., INJUR	WHERE DID Y OCCUR?	(If in Boltimore City, gi	ve exoct lacation)	
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Year		WHILE AT NOT WORK	WHILE	JUNI DID WO	JRY OCCUR?		1
	URE Charle	nquiry	Inspection X Aut	apsy an	ide	CAMINER X		
23A. BURIAL CRE. REMOVAL (Specify Burial	MATION, 238. DATE	23	Mt. Auburn		Be	altimore, Ma	, town, or county) aryland	(State)
	BY HEALTH DEPT. AUG 26 1966	248. NAME	OF REGISTRAR		es R. L	414	ADDRESS Lson Ave.	
VS 151-REV. 1/1/	65	7	0 6 6	1 8 6	0			

month ... THE STREET STREET, STR

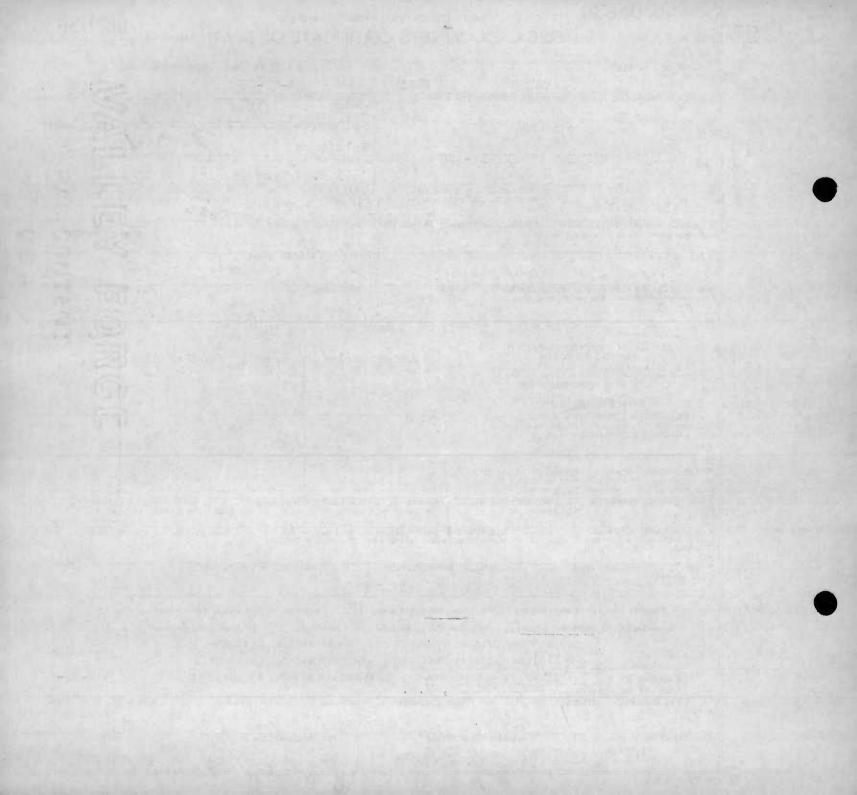
Committed of Sconding from the transfer Zandargania prility is managaranga

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

66 U8636

M.E. CASE NO.	EASED			2. DATE AND HOUR PRONOU	INCED DEAD
Typo or Print)		TRICE	FRANKLIN	8-23-66	
. PLACE IN BALT	IMORE, MARYLAND,			4. USUAL RESIDENCE (Where deceased lived, If	1 101.
ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITU CATION)	TION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits,	write RURAL ond give township)
Ј0	HNS HOPKINS	HOSPITAL	- DOA	D. STREET ADDRESS (If rurol, give locoson)	97
				1645 N. Spring Street	21213
Female	6. RACE Colored		NEVER MARRIED IVORCED (specify)	B. DATE OF BIRTH 9. AGE (In ye lost birthdoy)	ors If Under 1 Yr, If Under 24 Hr Months Doys Hours Min.
	PATION (Give kind of vorking life, even if retire		BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAM	RLES	Gle,	AVES	14. MOTHER'S MAIDEN NAME	
	D EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT	ADDRESS N SPRIN
1B.	23.4		CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASES (RISE TO THI UNDERLYIN	INTECENDENT CAL OR CONDITIONS, IF E ABOVE CAUSE (A) IG CONDITION LAS II NIFICANT CONDITION DEATH BUT NOT	ANY, GIVING STATING THE T.			
-	OPERATION 198, C		HICH OPERATION		E FINDINGS CONSIDERED AUSES OF DEATH?
21 A. EXTERNAL UNDERLYING	OR CONTRIB-	21 B. Phome, etc.)	LACE OF INJURY (o.g., form, foctory, street,	In or about 21C, WHERE DID (If in Boltimore City office bldg., INJURY OCCUR?	y, give exoct locotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Y		E. INJURY OCCURRED HILE AT NOT ORK	21F, HOW DID INJURY OCCUR?	
22. I cert	ify that I held an			topsy and that on this basis, death	in my apinian
resul	ted from: Notural	causes X A	ccident Sulcid		onner 🗌
ACTUAL		Travela	Tuly M.D	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMIN		BREITENE		ASSOCIATE MEDICAL EXAMINER	8-24-66
BA. BURIAL CREATEMOVAL (Specify	MATION, 23B. DATE	7/66 230	NAME OF CEMETERY	or CREMATORY 23D. LOCATION (1) 124C. FUNERAL DIRECTOR	City, town, or county) (Stote) ADDRESS
	JG 26 1966		Stand on	Joseph Stock	W. 1304 n. Cenh
S 151-REV. 1/1/6	6.5	, ,	1 1 1 1	1 2 1 00 00 11 1	

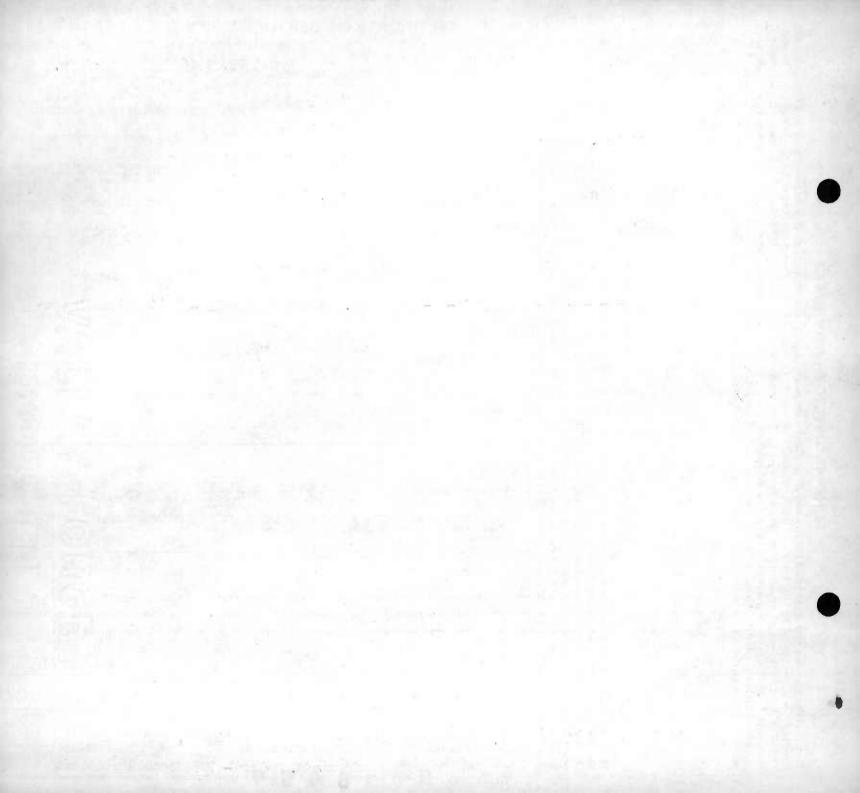


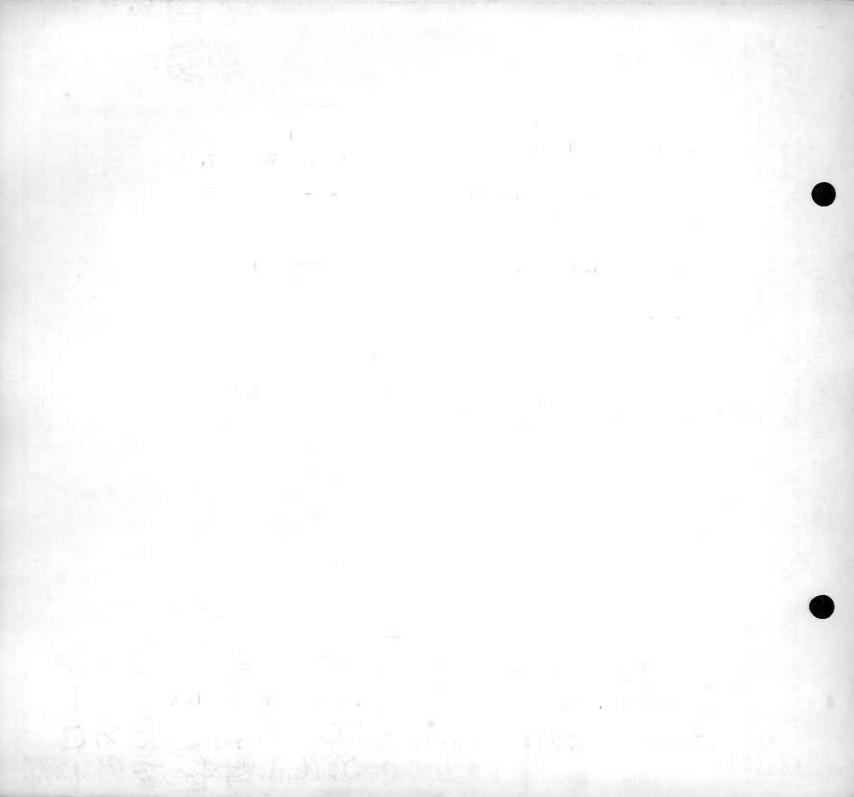
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DIRECTOR:

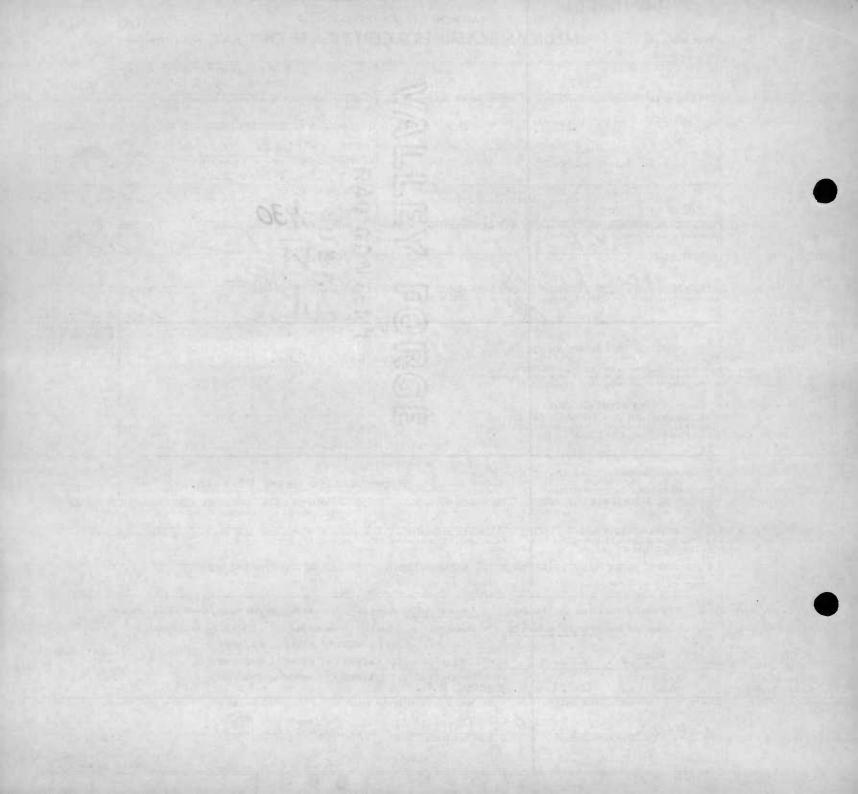
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



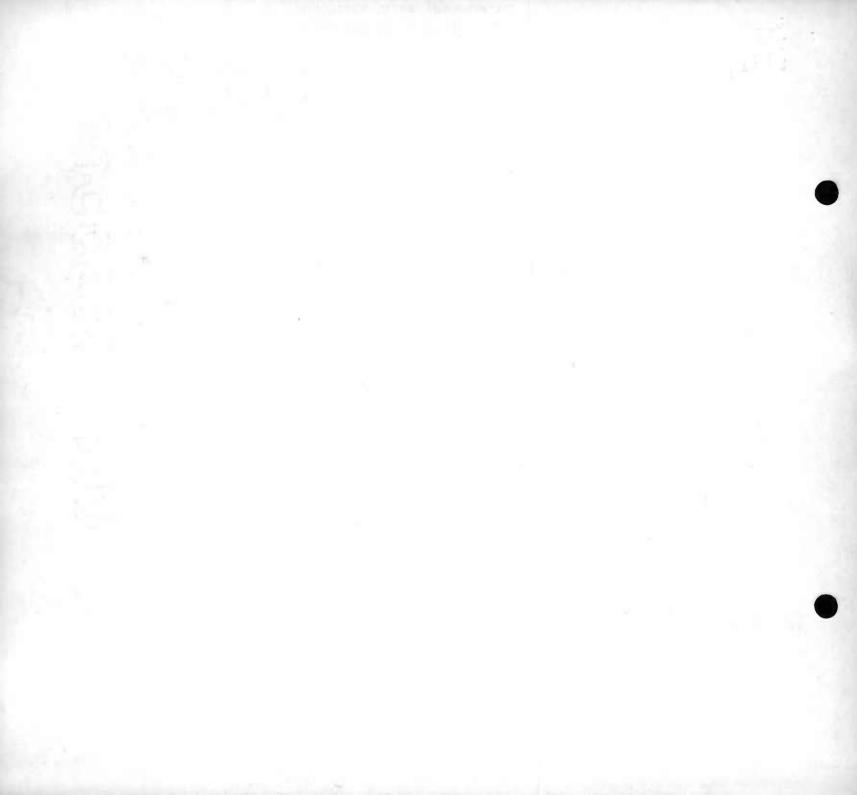


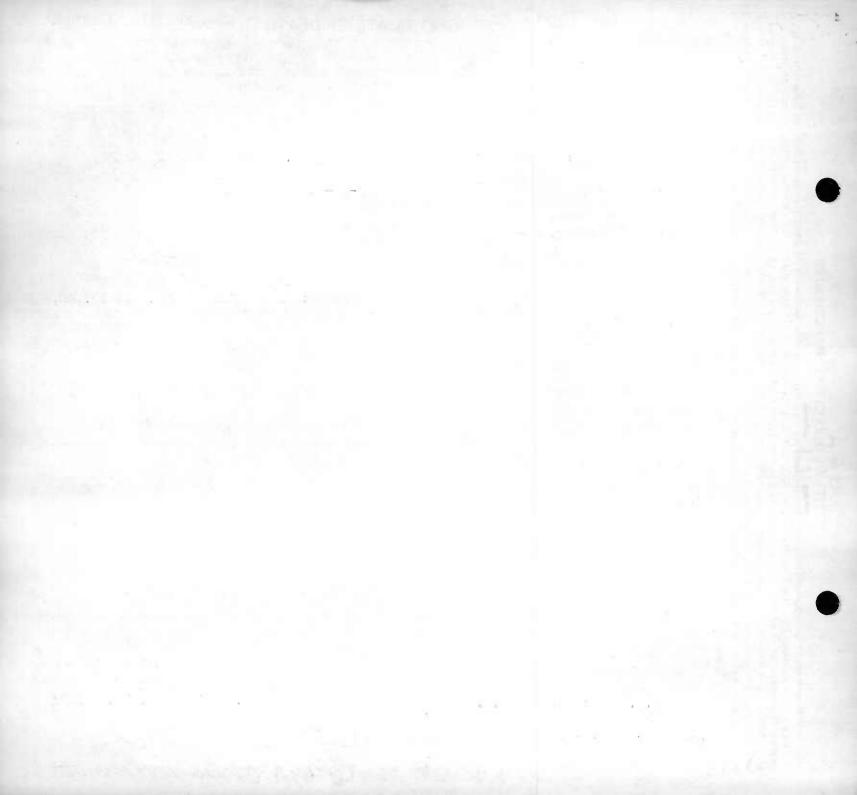
BIRTH NO.	WED	ICAL EXAMINER 5 C	EKTIFICATE OF DEATH Registered	d No.
M.E. CASE NO.				
1. NAME OF DEC (Type or Print)	JAMES	DOLFORD	August 24, 1966	3:35 P
FULL NAME OF		HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET ATION)	4. USUAL RESIDENCE (Where deceosed lived. If institute A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write R	TY .
INSTITUTION	Eden Street		Baltimore D. STREET ADDRESS (If rurol, give locoton)	-62
	Zeen Berees		134 S. Eden Street	
5. SEX Male	Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of w	orking life, wen it retired)	TOB. KIND OF BUSINESS OR INDUSTR	Maleredon & C	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	orel Dol	nel	Nelle Jo	
	O EVER IN U.S. ARMAN		nollio ae	ADDRESS
DISEAS	E OR CONDITION DI LEADING TO DEATH of mean the mode of osthenio, etc. It means	RECTLY (A) Statu	e OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
RISE TO THE UNDERLYIN	OR CONDITIONS, IF A BOVE CAUSE (A) S' G CONDITION LAST. II IIFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	CONTRIBUTING LATED TO THE HVD	pertensive Heart Disease.	
-		DITION FOR WHICH OPERATION	NO 20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FIND IN CERTIFYING CAUSES	
21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give office bldg., INJURY OCCUR?	exoct locotion)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	WHILE AT TO NOT	21F. HOW DID INJURY OCCUR? WHILE VORK	
	fy that I held an I		de Hamicide Undetermined manner	
ACTUAL SIGNATU	06		CHIEF MEDICAL EXAMINER .	DATE SIGNED
EXAMINE NAME (T	FR'S	s S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER	8/25/66
23A. BURIAL CREM REMOVAL (Specify) Bulled 24A. DATE REC'D	8-30	23C. NAME OF CEMETERY ADDITIONAL PROPERTY OF REGISTRAR	OF CREMATORY 23D. LOCATION (City, to	own, or county) (State) ADDRESS
AU	G 26 1966 (O. S. E. Falleyna	Chang & Walson	100 & Branton A
VS 151-REV. 1/1/6	5	1 9 0 0 11	0 8 6//	



1		66 08640	BALTIMORE CITY HEALTH		Registered N	08640
H-325		H NO.	CERTIFICATE OF	DEATH		
		AME OF DEGEASED HELLIA	HUDSON		2. DATE OF DEATH	ug 66
		PLACE OF DEATH IN BALTIMORE, UIL NAME OF HOSPITAL OR INSTITUTION PLACE OF DEATH IN BALTIMORE, IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	MARYLAND JTION, GIVE STREET	A. STATE B. COUNTY C. CITY OR TOWN (If our	nesed fived. It institution: resid	
0	þ	619 Bentlou	24.	D. STREET ADDRESS	(If rurel, give lot	Cafion)
LED.	0	male CoLored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U , d & W e c		t birthdey) Mont	nder I Yr. If Under 24 Hrs. hs Days Hours Min.
SUPPLIED LEGIBLY.	done	during most of working life, even if retired)	None	North Car		S A
CAREFULLY	15. V	Junior Mer	P 10 N	Bettie 1	Elizabeth	ADDRESS
RECORD. BE CAREFI CLEARLY	11	no or unknown). (If yes, give wer or deles of	servica) SECURITY NO.	Betti L. SI	everyson	
E E		18. / / XI DISEASE OR CONDITION DIRECT		OF DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
PERMANENT I ON SHOULD ES OF DEATH		LEADING TO DEATH (This does not mean the made of dying neart failure, asthenia, etc. It means the dinjury or complication which caused of	iseose,	APCINIAR DE	THE	15 Lyns
THIS IS A PERMANENT INFORMATION SHOULD THE CAUSES OF DEATH	NOIL	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) static UNDERLYING CONDITION lost.	giving (C).	ERVIX 47	ER/	541RS
	ERT	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	D TO THE			
X X	1	CAUSE OF DEATH, ENTER IN PART I OR PART II		B. CONDITION FOR WHICH OPERA AS PERFORMED	1	YES NO
EVERY ITEM OF PLEASE WRITE	MEDIC/	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, ferm, fectory, street, offi etc.)	ce bldg., INJURY OCCUR?	(If in Beltimore City, give	exact location)
m a.		21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK		OCCUR?	()
		22. I certify that (I) [this hospital	1966, that (1) (wat last saw t	the deceased alive an		1966
		and that in (my) (our) apinion dec	23 B.	ADDRESS		DATE SIGNED
	REN	ATTENDING PHYS. WED-CIDECTOR BURIAL, CREMATION, 24B. DATE OVAL (Specify) OUT 19.	24C. NAME of CEMETERY OF CREM.	1	ATION (City, lown,	or county) (State)
	1	DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 1 0 -	ADDRESS DO Browtley Are
	VS I	50		1		7

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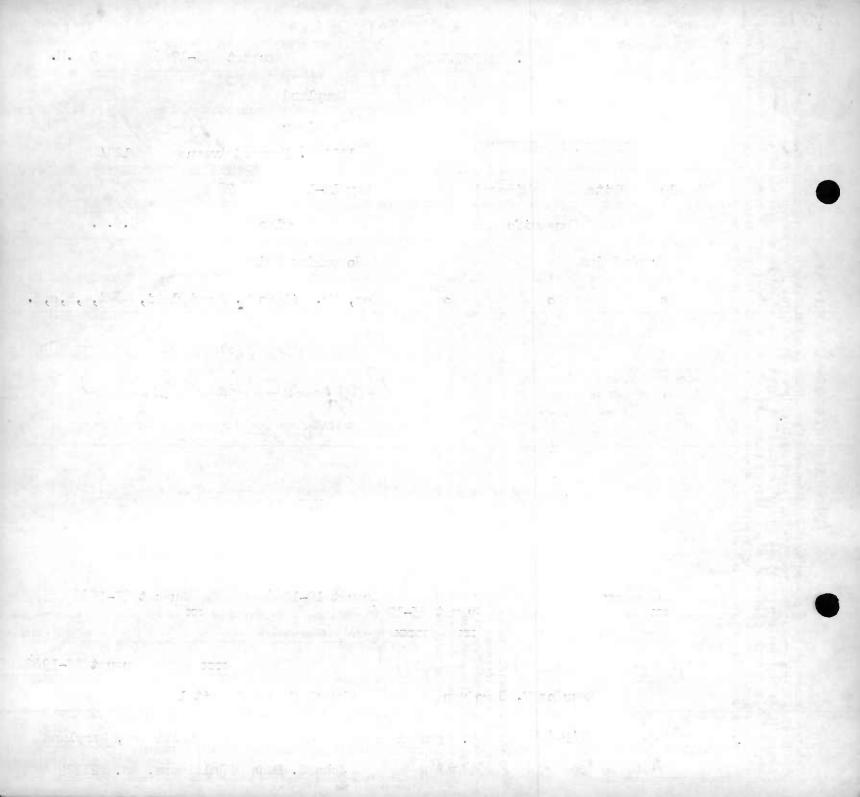
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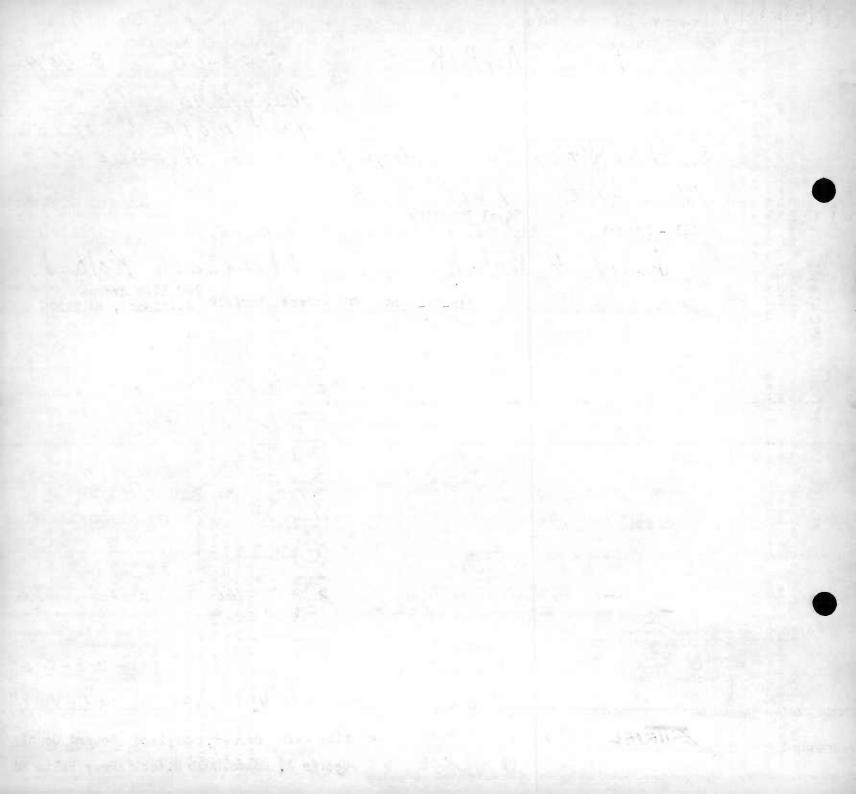


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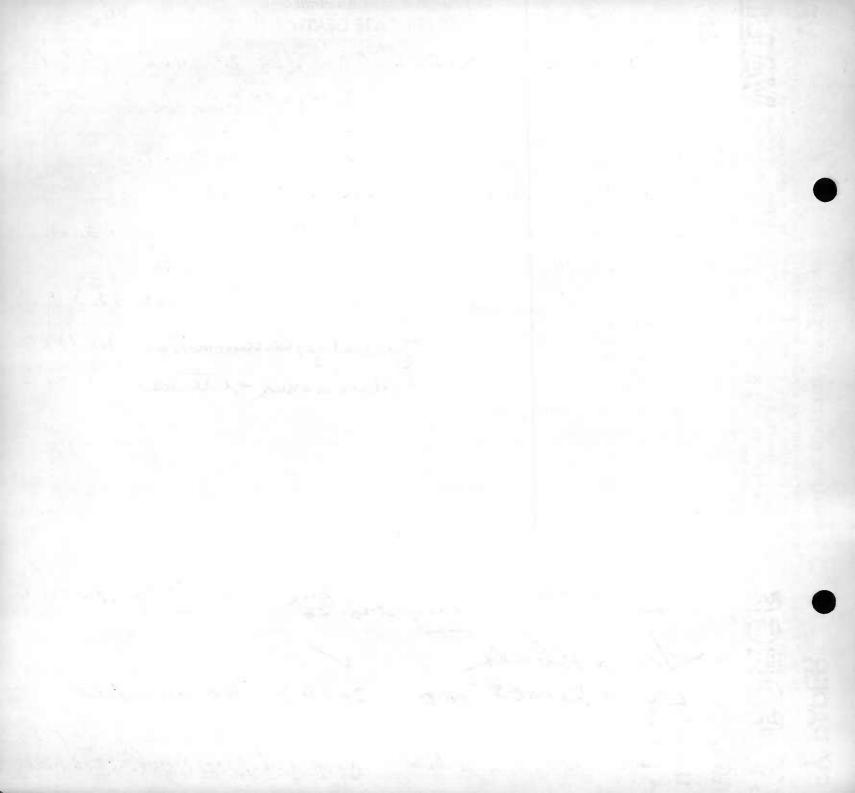
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65



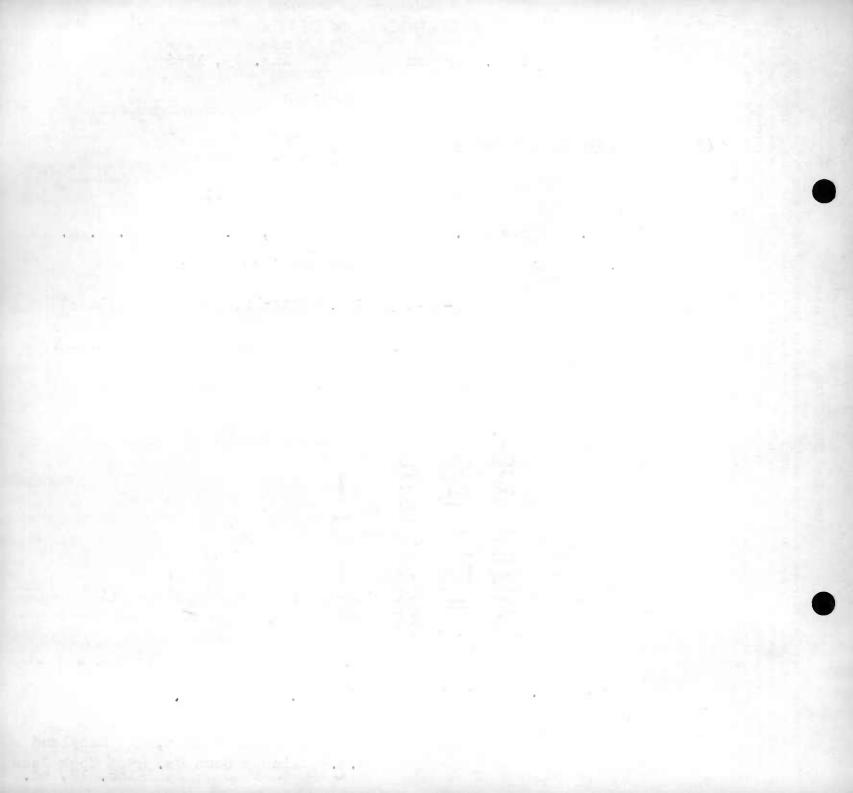
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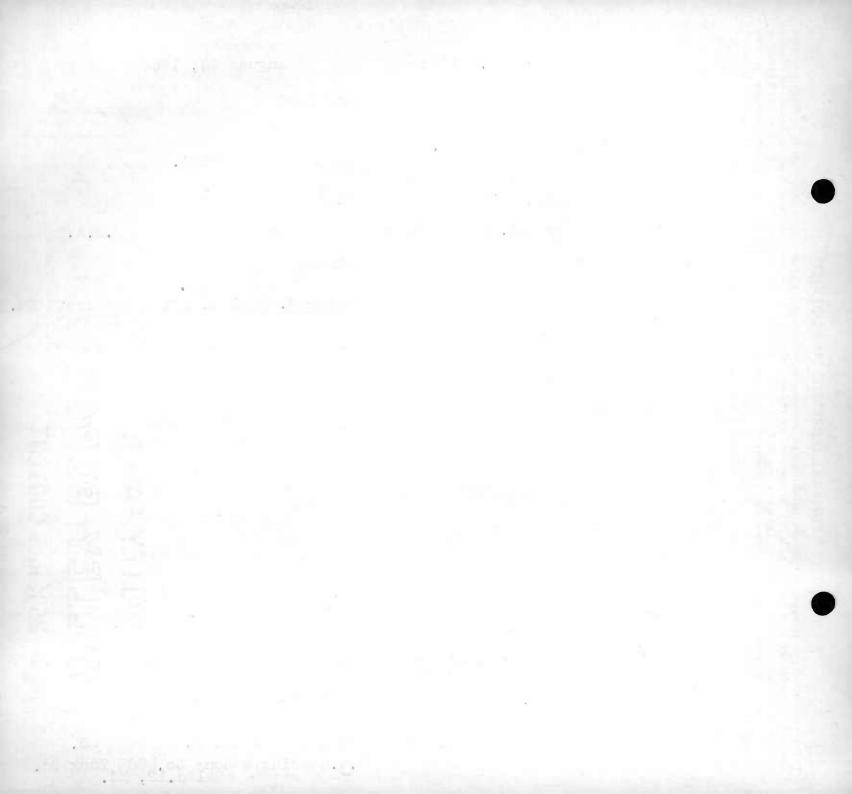


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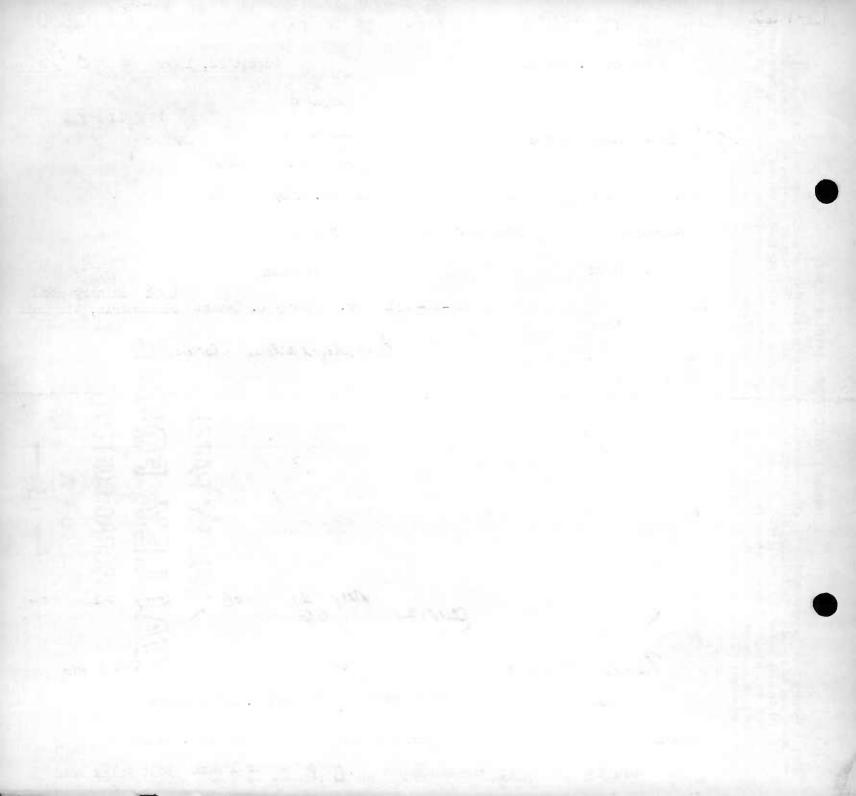
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			BALTIMORE CIT	Y HEALTH DEPARTMEN	NT	00 00053
BIRTH NO. M.E. CASE NO.	66 08651		CERTIFICA	TE OF DEAT		
1. NAME OF DE (Type or Print)	Mary C.	Johnson		2. DA	August 23, 19	
3. PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE	(Where deceased lived, If	institution; residence before admissi
FULL NAME OF (If not in hospital or institution, give street oddress or location)				A. STATE B. COUNTY Maryland		
				C. CITY OR TOWN (If outside city limits, write RUPAL and give township)		
				Baltimore		7-44
O EGOE Willton Avenue			D. STREET ADDRESS (If rural, give location)			
5505 Hilltop Avenue			5505 Hillt	op Avenue		
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED		8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24			
female	nale white Widowed (specify)		00 1 202	last birthday)	Manths Doys Hours Mi	
	CUPATION (Give kind of wor			20 Aug. 191		12. CITIZEN OF
	of warking tife, even if retired)		DOSINESS OR INDUSTRI	The blant and car (store	or roleigh coomy	WHAT COUNTRY?
Clerk Social Security			Pennsylvan	ia	USA	
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NAME		
Joseph	Mac Fayden			Helen V.	Kerr	
5. Was Decease	ed Ever in U. S. Armed Fo	irces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Tes, na ar unknov	vn) (If yes, give war or dot	es of service)	SECURITY NO.	Swing Inn Rt. 40		
18. / / =			2119-05-3294	Mary There	sa Burgee Bra	dshaw. Maryland
OTHER SIGN TO THE DISEASE OF CONTRIL OF CONTRIL DEATH (not)		any, giving stoting the stoting the stoting the stoting the stote	PLACE OF INJURY (e.g., form, foctory, street, o	20 MAUTOPSY? (Yes	DID (If in Boltime	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct locotion)
21 D. TIME OF INJURY	(Manth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
(APPROX.)		Whi	le At Not Whi			
22 1	abox (1) (alia bas in			7-31-	1966 to	8-23- 10/-
	y that (1) (this haspita					9-23 - 196 inian death occurred on the
						inian deoth occurred on the
	nd from the causes sta	ited abave) (We) (did) (did not)	view the bady ofter de	eoth.	
23A. SIGNAT	URE ////	1/1/	, /			23 B. DATE SIGNED
	1000011	Me	M.D. Att	ending Med. Director	Staff Phys.	8125166
23 C. PHYSICI	(Type) Wyman K.	Wong	M.D.	23D. ADDRESS 6801 Belai:	r Road 21206	
AA. BURIAL CR	EMATION, 248. DATE	24C.NA	ME of CEMETERY of CR	EMATORY 2	24D. LOCATION (C	city, town, or county) (Stor
REMOVAL		66 ** 7	1 11411 May			
Burial	D BY HEALTH DEPT.	25B, NAME C	ly Hill Memor		Baltimore Cou	nty, Maryland
ON DAIL NEC			C.Z.O.	Burges Bu		
	AUG 29 1966	Medall	ie, langering		TOTAT DOME 30	31 Falls Road
/S 150-REV. 1/1	/65		1	- Atorial	P. JE DUNGE	2

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66 08652 66 08652 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 8/23/66 B. REVER WILLIAM 1:00 DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY BALTIMORE (If outside city limits, write RURAL and give township) TOWSDA (If rural, give location) -AT-DUNVALE SD. If Under 24 Hrs. 9. AGE (In years If Under 1 Yr. Months: Doys Hours lost birthdoy) 11. FIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA CLINGER ADDRESS INTERVAL BETWEEN ONSET AND DEATH 3-4 DAYS THROMBOSI CARDIO - VASC HYPERTENSION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Boltimore City, give exoct location) 21F. HOW DID INJURY OCCUR? .19. 6 a ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED HOSPITAL (City, town, or county) (ockeusville. AUG 29 19 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS John Burns Sons, lowson, VS 150-REV. 1/1/65

on the

BALTIMORE CITY HEALTH DEPARTMENT 66 08653 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2, DATE AND HOUR PRONOUNCED DEAD (Type or Print) DANIEL H. Parish August 26, 1966 11:35 P 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission)
A. STATE
B. COUNTY Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR INSTITUTION Baltimore Rural D. STREET ADDRESS (If rurol, give location) Sinai Hospital 705 Adamo Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months, Doys, Hours, Min. WIDOWED, DIVORCED(specify) Male White Married 10A, USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Coordinator - Bendix Radio Maryland 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Mary E. Stansbury Howard Parish 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 219-10-7372 W. W. II Mrs. Regina A. Parish-705 Adana Road -8 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT (APPROX.) NOT WHILE 22. Inspection Autopsy X certify that I held on Inquiry and that on this basis, death in my opinion resulted from: Notural causes X Accident Hamicide Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X all SIGNATURE 8/27/66

ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Chestnut Greve 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS Loring Byers-8728 Liberty Road, Randallstown VS 151-REV. 1/1/65

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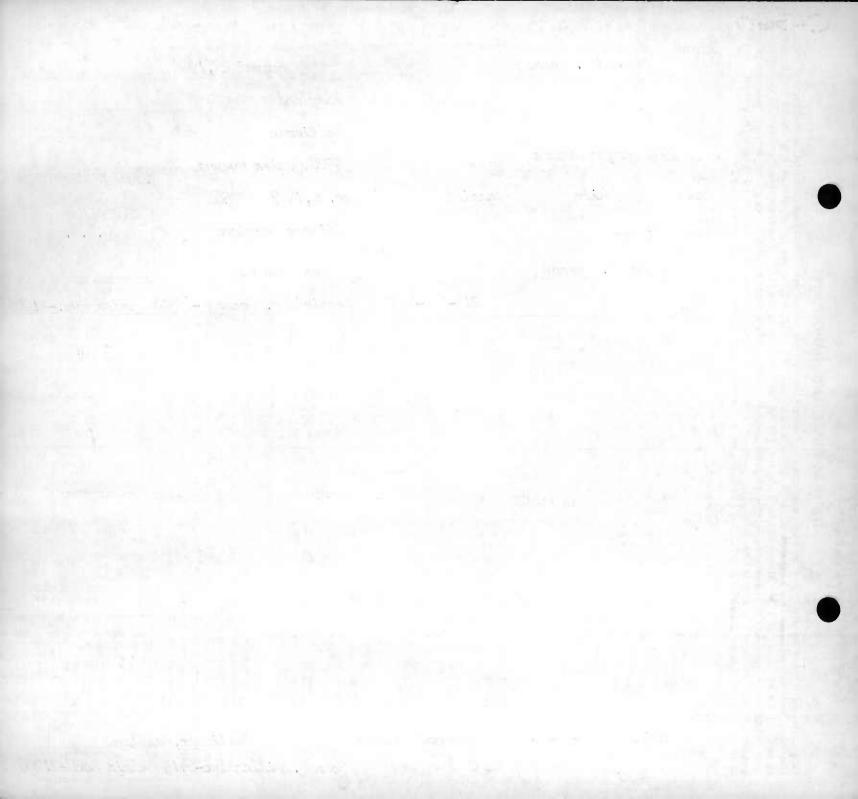
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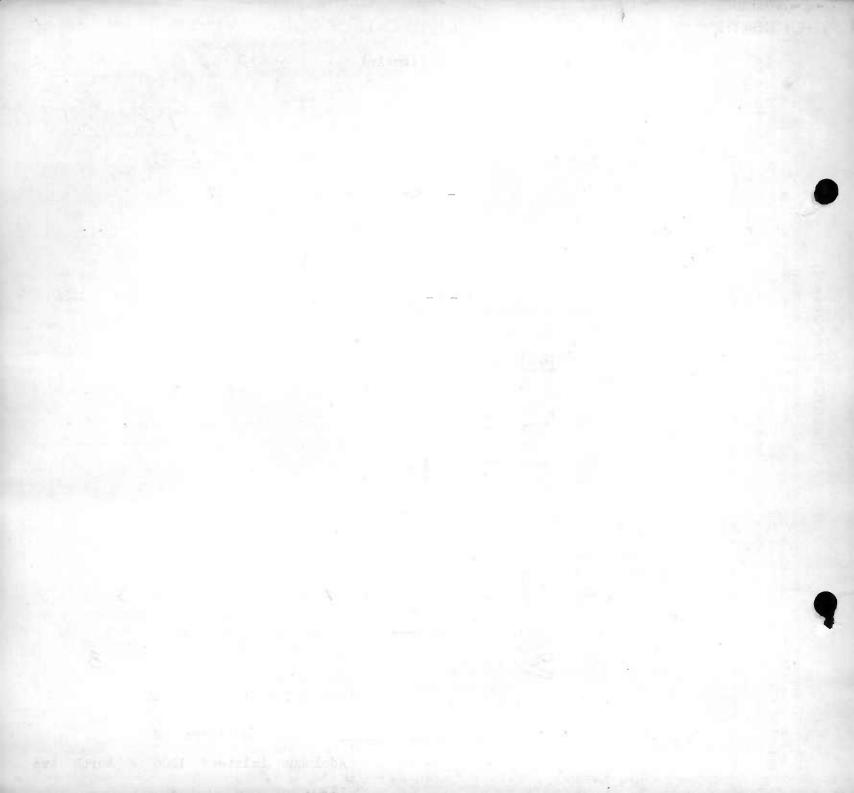
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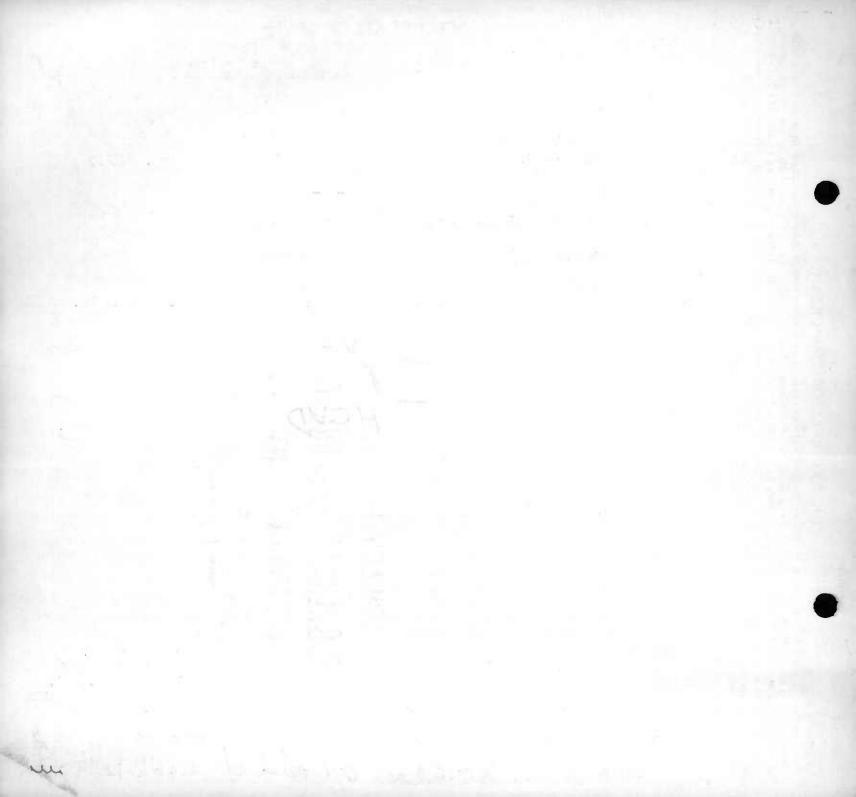
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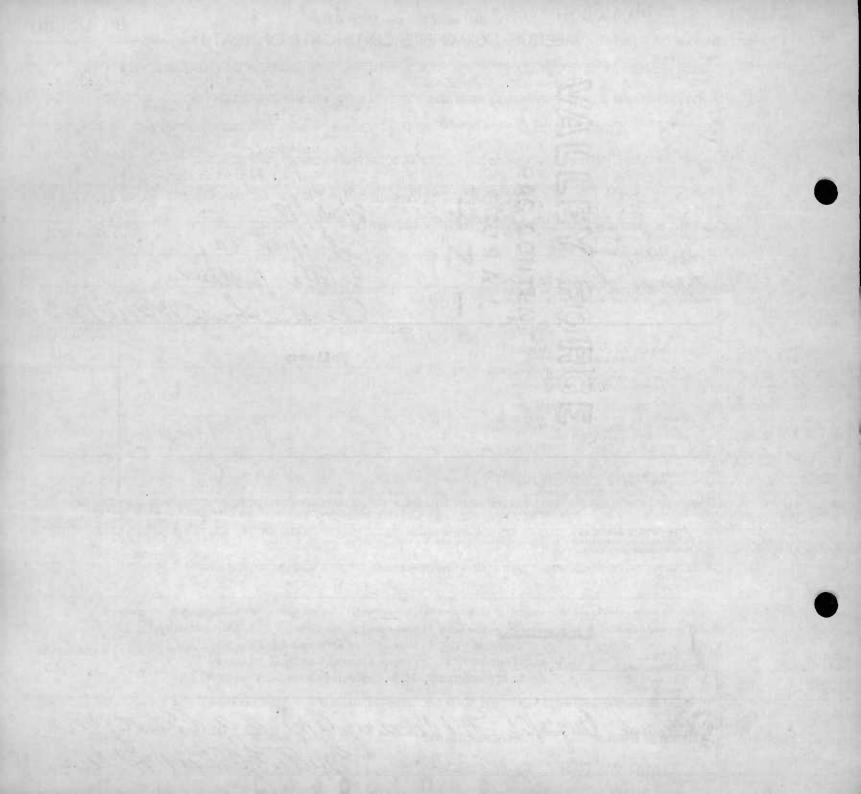
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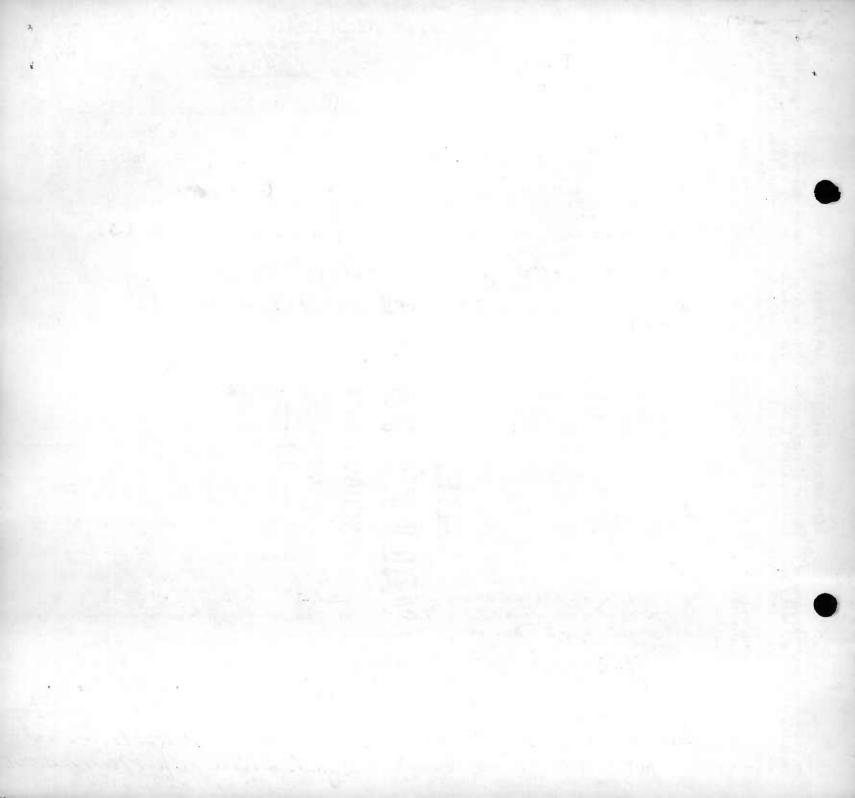
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BIRTH NO. MEDICAL EXAMINER 3 CI	EKTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) RICHARD M. LAWRENCE	August 18, 1966 3:35 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give jownship)
Church Home & Hospital (DOA)	Baltimore D. STREET ADDRESS (If rurol, give locotion)
	407 N. Aisquith Street
6. RACE Male Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	Y11. BYRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME OF POLICE OF THE PROPERTY OF	4 Stella Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, astherio, etc. II means the disease, injury or complication which coused death.)	Epilepsy Interval Between onset and Death
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFUNG CAUSES OF DEATH?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, of etc.)	in or obout 21C, WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED WHILE AT WORK AT W	21F. HOW DID INJURY OCCUR?
TOTAL CONTRACTOR OF THE PARTY O	and that an this basis, death in my apinian
	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPRI 24E NAME OF REGISTRAR	CREMATORY 23D. LOCATION (City, town, or county) (Stote) Rey Con A: County MA 23D. LOCATION (City, town, or county) (Stote) Rey Con A: County MA 23D. LOCATION (City, town, or county) (Stote)
VS 151-REV. AUG 29 1966 P. C. & E. Farbuma	" Joseph . Elecker 11291. Cerolinst



	CERTIFICATE OF DEATH Registered No.						
M.E. CASE NO.							
(Type or Print) MARY SNYDER	August 24, 1966 9:35 P _M						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY						
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give to maship)						
T-1 17 -1 : 17 -1 1	Baltimore 26-03						
Johns Hopkins Hospital	D. STREET ADDRESS (If rorol, give locoson) 3950 Southclare Road						
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs						
Female White DIVORCED (specify)	Jan 6, 1895 lost birthdoy Months Doys Hours Min.						
done during most of working life, even afterired)	(Y) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
FRED M. Dewey	Carrie White						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ag or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT						
nc 214 183291x	H LONALD DNYDER 607 Year Jersoy HUX						
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arter	riosclerotic and Hypertensive						
(This does not meon the mode of dying e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)							
ANTEGEN DENT CALLEGE							
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes						
O UNDERLYING OR CONTRIB- home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?						
UTING CAUSE OF DEATH.							
OF INJURY	WHILE						
22. I certify that I held on Inquiry Inspection Autapsy X and that on this basis, death in my opinion							
resulted from: Notural causes Accident Suicide Homicide Undetermined monner							
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED							
SIGNATURE CHARLES 1 day M.E	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 8/25/66						
EXAMINER'S NAME (Type) Charles S. Petty, M.D.							
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY BURIAL (Specify) BURIAL (Specify) Weadow Ridge N	remorial GRH Howard County, Mcl.						
AUG 29 1966 Rest & Follows	24C. FUNERAL DIRECTOR ADDRESS						
VS 151-REV. 1/1/65	0 8 60 6 3						

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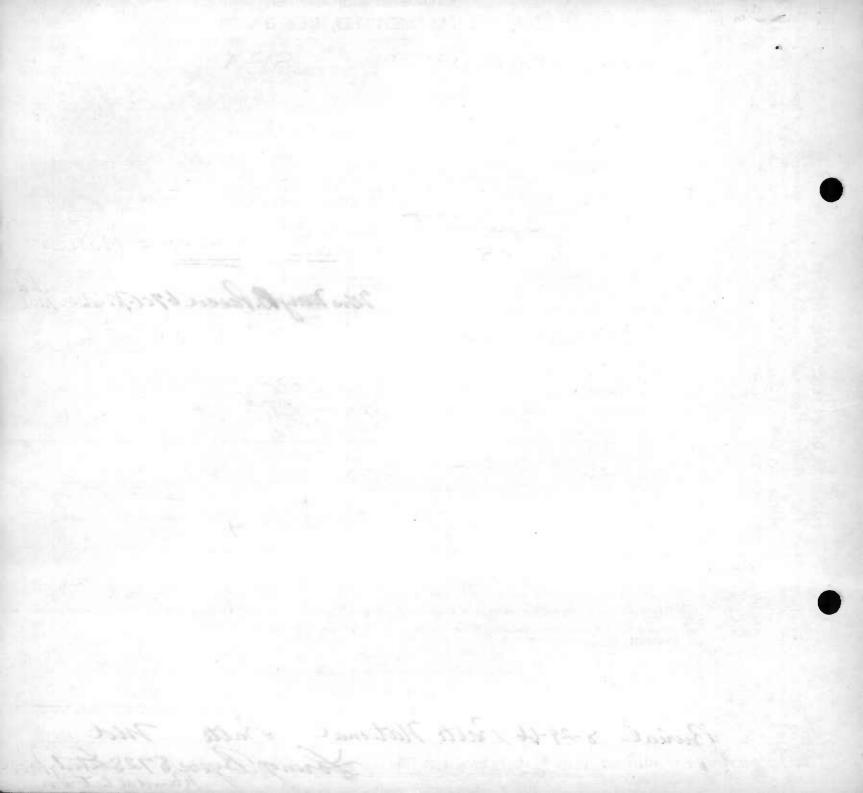
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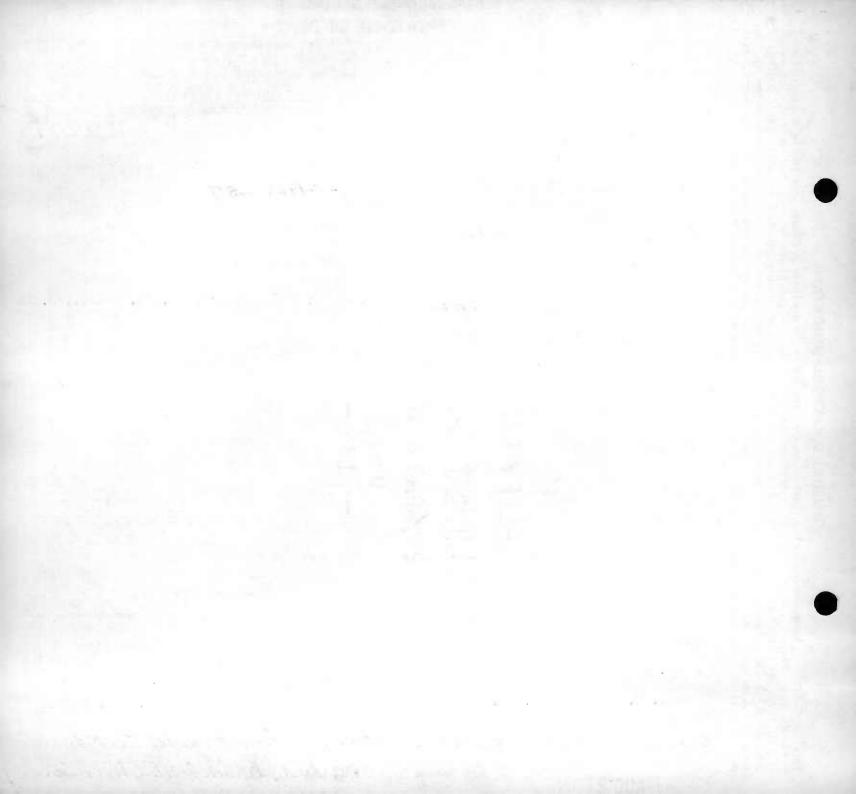
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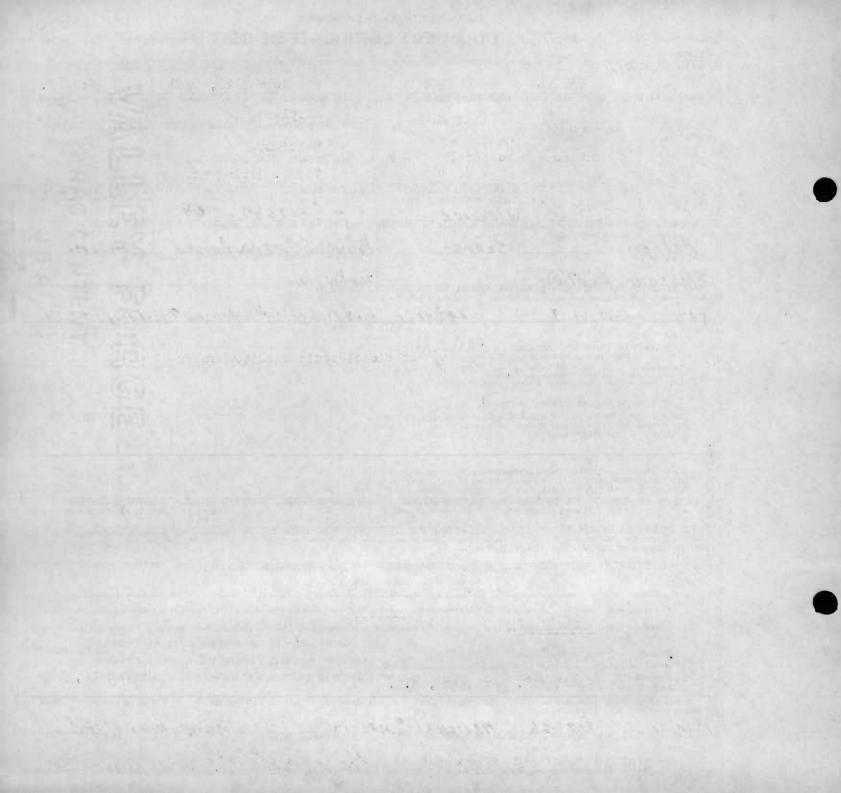
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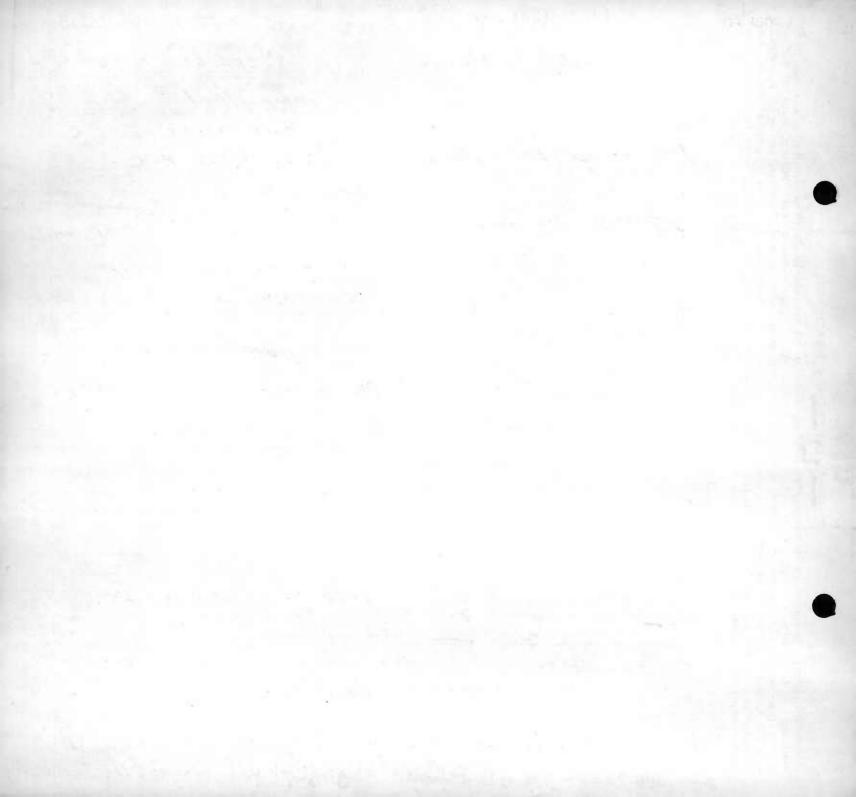


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		BALTIMORE CITY H
TH NO.	MEDICAL	EXAMINER'S

BIRTI	H NO.		MEDI	CAL EX	CAMINER'S C	ERTIF	ICATE OF I	DEATH Registe	ered Na.	
_	CASE NO.						10 1 5 2			
1. N	AME OF DEC	EASED					2. DATE AN	D HOUR PRONOUNC	ED DEAD	
(1)	o or vitting	I	ANIEL		BOOKER		Augus	t 25, 1966	3:30	P. M.
FULL	NAME OF	(IF NOT II		L OR INSTITU	JNCED DEAD	A. STA	Maryland OR TOWN (If outside	deceosed lived. If ins B. COI	titution: residence before	admissian)
		Church	1 Home	& Hosp	oital DOA	D. STRE	Baltimore ET ADDRESS (If rural, 268 S. Sp	give lacation) ring Street	ير<)]
	ale	6. RACE Negi	0	WIDOWED,	NEVER MARRIED DIVORCED (specify) BUSINESS OR INDUSTRY	? .	OF BIRTH - 2 - 189		If Under 1 Yr, If Un Manths, Days, Hau	
	during most of w				ore	Bois	IPLACE (State or foreig	d. Co., Va.	12. CITIZEN OF WHAT COUNTRY	
13. F	ATHER'S NAM	E				14. MOT	HER'S MAIDEN NAME			2 112
P	leasan	t Boo	Ken		114 - 20 - 214 1	ZINK	NOWN			CLAPIN.
Yes,	no or unknown)	O EVER IN U. (If yes, give v			16. SO CIAL SECURITY NO.	17. INFO	MANT	•	ADDRESS	
	es	1./ 1	1 7		214-03-7081	.4	1.1.11.11.	. /	nal hardan	0.
	(This does not heart foilure,	CAUSE OF DEATH (This does not meon the made of dying e.g., head foilure, osthenia, etc. It means the disease injury or complication which coused deoth.) (A) (A) (A) (A) (A) (B) (A) (A								
NO	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)									
CERTIFICATION	TO THE	II IIFICANT CONDEATH BUT CONDITION	NOT RELA	ATED TO T		**************************************				
	9A. DATE OF		19B, COND WAS PERFO		WHICH OPERATION	20A. A		20B. IF YES, WERE FI IN CERTIFYING CAU YES	NDINGS CONSIDERED SES OF DEATH?	
OL	IA. EXTERNAL INDERLYING D ITING CAUS	OR CONTRIB-		21 B. home etc.)	PLACE OF INJURY (e.g., , form, factary, street, o	in ar obou	121C, WHERE DID (If in Boltimore City, gi	ve exact lacation)	
ć	TIME OF INJURY APPROX.)	(Month) (D	oy) (Year)	V	VHILE AT NOT WORK	WHILE C	21F. HOW DID INJU	RY OCCUR?	康皇宗	
1		ify that I he		1000	Inspection Aut	apsy X	and that an thi	s basis, death in r	ny apinian	
	result	ed fram: No	tural caus	ses X A	ccident Suicide	e	Hamicide l	Indetermined mann	er	
	ACTUAL SIGNATU		lul	55	M.D.	ACCICT	HEF MEDICAL EX	passag	DATES	IGNED
	EXAMINI NAME (T	ype) Ci.			ingate, M.D.		ATE MEDICAL EX	AMINER _	August 26,	1966
	BURIAL CREA OVAL (Specify)		DATE	23	C. NAME of CEMETERY o	CREMA	TORY 23 D. LO	OCATION (City	, tawn, ar cauntyl	(State)
0	and a	0	-90 1	1 4	la viena I Por	040	1 R	1:	vandan1	
24A.	DATE REC'D	BY HEALTH C	EPT.	248. NAME	OF REGISTRAR	erey 24C	FUNERAL DIRECTOR	timore,	ADDRESS	
	ΔΙ	IG 29	1966 (D. 8	E. Fallem. B	K	ud fold E	Slick 243	Enliver "	Sti
V\$ 1	51-REV. 1/1/6	5			6000					





SECURITY NO.

DUE TO

21E, INJURY OCCURRED

Inspection ___

WHILE AT

Accident

24B, NAME OF REGISTRAR

ndrew Powel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give wor or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

(Doy)

I certify that I held on Inquiry

23B, DATE

8-30-66

resulted from: Notural causes X

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION

(Year)

WAS PERFORMED

DISEASE OR CONDITION CAUSING IT.

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

(Month)

4. MOTHER'S MAIDEN NAME

Yes

Homicide

24C. FUNERAL DIRECTOR

George G.

CAUSE OF DEATH

NOT WHILE

Suicide

Baltimore Nat'l. Cem.

23C. NAME of CEMETERY or CREMATORY

Autopsy X

13. FATHER'S NAME

CATION

CERTI

MEDICAL

21D TIME

OF INJURY (APPROX.)

ACTUAL

Burial 24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S NAME (Type) 23A. BURIAL CREMATION.

22.

7:45 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 2. CITIZEN OF WHAT COUNTRY? U.S.A. Bertha Wood ADDRESS 2913 Mosher Street Hazel Carroll INTERVAL BETWEEN ONSET AND DEATH Dissecting aneurysm of aorta 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? and that on this basis, deoth in my apinlon Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER August 26, 1966 Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER 23D. LOCATION (City, town, or county) (Stote) Baltimore, Maryland Kelson 1348 N. Calhoun St.

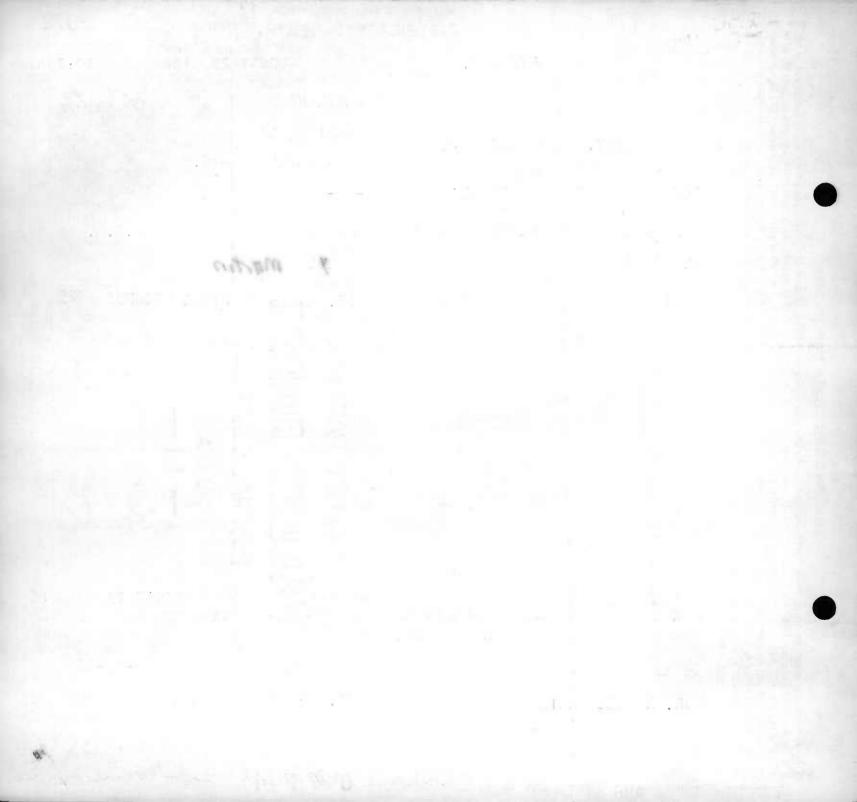
		00 00011	E	BALTIMORE CITY HEAL	TH DEPARTMENT		00 00	2017	
81R	TH NO.	MEDI	ICAL EX	AMINER'S CE	RTIFICATE OF	DEATH Register	red Na		
_	E CASE NO.								
I. (Ty	NAME OF DE				2. DATE A	ND HOUR PRONOUNCE			
		Charley				8/22/		3:20 a. M.	
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence NTY	befare admission	
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION. GIVE STREET	Maryland				
HC	SPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN (If outs	ide corporate limits, write	RURAL and give	re to whahip!	
				ATT ATT	Baltimo		17	-04	
					D. STREET ADDRESS (If ruro	al, give location)			
		Bon Secours				W. Lombard	St.		
5. :	SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Days	If Under 24 Hrs Hours Min.	
	male	white		vorced	1925	41			
		UPATION (Give kind of work working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF	F IIINTDV2	
		known			Hiwassee Geor	gia	WIIAI CO	OIVIKI.	
13.	FATHER'S NAM	ME	-		Hiwassee, Geor	AE			
		Jack Nation			Lola C	hastain			
15.	WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT .		ADDRESS		
116	Yes	TOWN 17	s of service		Dora Garrett, Hi	wassee Georgi	ia		
-	18.	HH TT	7		OF DEATH			RVAL BETWEEN	
-	491	Y A DOGG	1064	CAUJE	OI DEATH			ET AND DEATH	
	DISEA	SE OR CONDITION DI	RECTLY	Broncho	pneumonia				
	This does	not mean the mode of	dying, e.g.,	DUE TO	Pilounoliza				
	injury or co	mplication which caused	death.)				-		
	ANTECENDENT CAUSES								
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(8)	•	••••••			
		IE ABOVE CAUSE (A) ST NG CONDITION LAST.	TATING THE						
Z				IC)				************	
CERTIFICATION		ll l		Theotic	o mulmonous tul	1			
0	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL	CONTRIBUTING	1 F	e pulmonary tub				
E		R CONDITION CAUSING			lteration of li			**	
19	A. DATE OF	F OPERATION 198, CON WAS PERI		WHICH OPERATION	20A, AUTOPSY? (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIL	DERED	
1	21 A EXTERN A	L CAUSE WAS	010	DI ACE OF INTURY /	Partial	116 to 10 to		,	
0	UNDERLYING	OR CONTRIB-	home,	form, factory, street, at	fice bldg., INJURY OCCUR?	III In politimore City, giv	e exoct location	,	
MEDI		ISE OF DEATH.	erc.						
_	OF INJURY	(Month) (Doy) (Year	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?			
	(APPROX.)		m. W	HILE AT NOT V	VHILE D				
	22.	aif., about I hadd on the			tiah		1 .		
		tify that I held an Ir		pour		nis basis, death in m			
	resu	Ited fram: Natural cau	uses X A	ccident Suicide		Undetermined manne	r [
1	ACTUA	1110, 0	1	11/	CHIEF MEDICAL E		DA	TE SIGNED	
	SIGNAT		n	M.D.	ASSISTANT MEDICAL E	XAMINER X			
	EXAMIN			7	ASSOCIATE MEDICAL E	XAMINER	8/22/	66	
22.4	NAME (11022	ner U. S		COSTA A TO AV	1001501		16.	
	MOVAL (Specif		230	C. NAME of CEMETERY or	CREMATORY 23D.	LOCATION ICity,	tawn, or county)	(State)	
	Burtel	8-28-	-1966	Osborne	H-	Lwassee, Georg	12 /		
244	A. DATE REC D	BY HEALTH DEPT.		OF REGISTRAR	24C, FUNERAL DIRECTO	5/1/	ADDRE	SS	
	A	JG 29 1966 (1	20 8	2 700	TO THE ST	Higuelle	schol	9	
VE	161 061/ 1/1	4	Way K	-, Yangen MR		thom, Ellicott			
A 2	151-REV. 1/1/	100	401		Kor Abernath	F.H., Young	Harris,	eorgia	

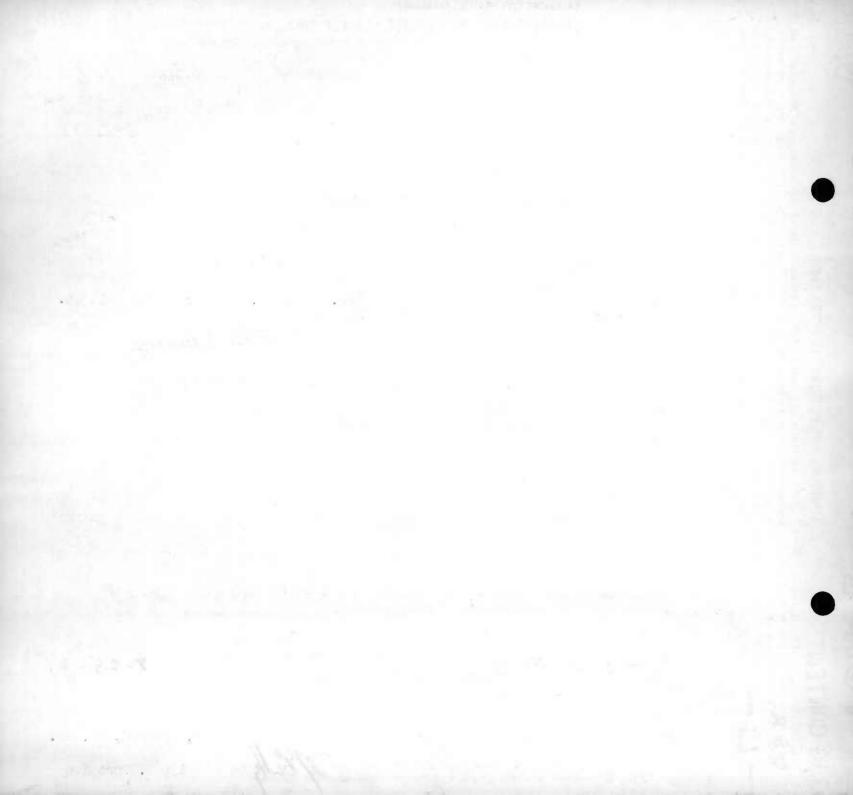
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DIRECTOR:

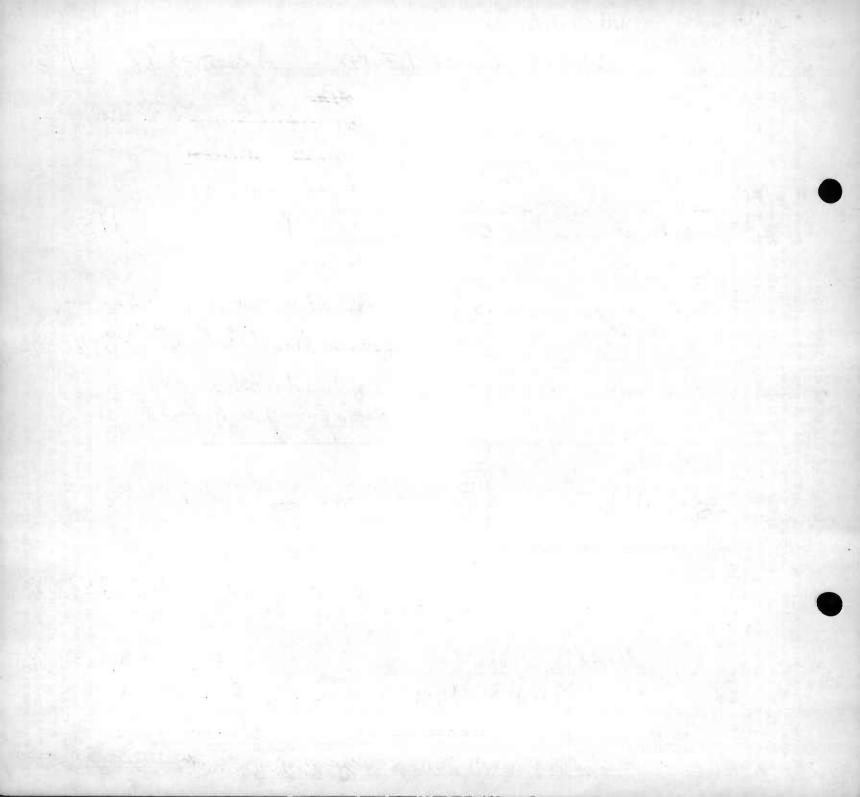
FUNERAL





ITY HEALTH DEPARTMENT	66 08674
ATE OF DEATH Registered	No. 00 00071
2. DATE AND HOUR OF D	EATH / 2 550
FORD Aulast.	23 6/1 100
4. USUAL RESIDENCE (Whee doceosed live	d. If institution: residence before ormission
A. STATE	In this et
C. CITY OR TOWN (If outside city limits,	wile RURAL god give townshiph 1
T-Lin-1-1	IO1 E. Hilcrest Rd.
D. STREET ADDRESS (If rural, give locotin	Hagerstown, Md.
Fact Willon) //43
B. DATE OF BIRTH 9. AGE (In year	s If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min,
5 /26 / 1894 21	Atomis Doy's Troots Atom
TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
MD	WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME	0107
	APPRECE
17. INFORMANT	ADDRESS
Mrs. Africe Sharen	Same
OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
I DE DIN	P/ 1/1 0
spinet fund Jaku	0/13/66-0/
Protuned and and	renton
programmes and a second	
& Garpine of Jank 1	All S

20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
100	o daosto or brain.
g., in or obout 21 C. WHERE DID (If in Bo	oltimore City, give exoct location)
21F. HOW DID INJURY OCCUR?	
Vhile	1 - 2 1
1 1	And 1723 11
	1) 1 m (1)
and that in (my) (au	r) apinion death accurred an the do
view the bady after death.	
	23B. DATE SIGNED
Attending Med. Stoff Phys.	Av. 23 66
23D. ADDRESS	
.D. Mandenaily Ho	11100K
CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
25C FUNERAL DIRECTOR	
de a la D W	4. 1217 St Paul Stree
	ATE OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where doceosed live A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, Country) D. STREET ADRESS (If rural, give locoth of the country) B. DATE OF BIRTH 9. AGE (In your lost birthday) 11. BIRTHPLACE (Stole or foreign country) MD 14. MOTHER'S MAIDEN NAME LAURA BIShep 17. INFORMANT MYS. Africe Shown COF DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN 21F. HOW DID INJURY OCCUR? While on the bidy after death. Attending Med. Stoff Phys. Director Phys. 23D. ADDRESS D. CREMATORY Wilmington



		UE NOT IN HOSPIT		11701 CIVE CT0		Maryland		Balti	more		
HC	LL NAME OF	ADDRESS OR LOCA	(TION)	UTION, GIVE STREET	C. CITY	OR TOWN (If autside	carparate limits, write	RURAL and gi	ve township)		
IX:	STITUTION	1			Essex (21) D. STREET ADDRESS (If rural, give location)						
11/	В	altimore City	7 Hospi	tals							
-	SEX	6. RACE	17		2224 Corsica Road B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24						
11				, NEVER MARRIED DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthday)	Month's Day	r. If Under 24 Hr s Hours Min.		
	Male	White	Never	Married	June	15. 1963	3				
		JPATION (Give kind of work vorking life, even if retired)	TOR KIND O	F BUSINESS OR INDUST	June 15, 1963 RYII. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	None	voiking ine, even il renred)			Balt.	imore, Maryl	and	USA			
13.	FATHER'S NAM	E			14. MOTH	IER'S MAIDEN NAME		, Cours			
		mas McGirt				raldine Stef	anski				
15.	WAS DECEASE	O EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS	1000		
1	No		9 01 30111007	None	Th	omas McGirt	Same				
	11B.	^ ^			E OF DEA		Califo	INT	ERVAL BETWEEN		
	1 4 7	19,0		CAUS	L OI DEA			ON	SET AND DEATH		
	DISEAS	LEADING TO DEATH	RECTLY	C	hat W	Least 20 Land					
	(This does n	of mean the made of asthenia, etc. It means		(A) GUIIS	HOL WC	ound of Head.					
	heart toilure,	osthenia, etc. It means nplication which caused	the disease, death.)					4 6			
		NTECENDENT CAUSE		(B)			***********				
	RISE TO THE	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE									
_		UNDERLYING CONDITION LAST.									
ó	(C)										
¥	OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTI	NC				70			
CERTIFICATION	TO THE	DEATH BUT NOT RE	LATED TO	THE				27 2			
RT	DISEASE OF	OPERATION 198, CON		WHICH OPERATION	20 4 4	UTOPSY? (Yes or No) [20	TR IE VEC WERE EIN	IDINGS CONS	DESED		
뜅	21	WAS PER		WINGH O'EKAHON	2000		CERTIFYING CAUS				
\racksig	21A, EXTERNAL	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	in or obou		in Boltimore City, giv	e exact lacatio			
0	UNDERLYINGX		hometc.)	PLACE OF INJURY (e.g., e, farm, factory, street,	office bldg.	INJURY OCCUR?	7 1	4-5			
MEDICAL	Time - CAU			Home		2224 Corsic		00	-00		
2	OF INJURY	(Month) (Doy) (Yea		21E. INJURY OCCURRED		21F. HOW DID INJUR					
	(APPROX.)	8 26 6	6 A m.	WHILE AT NOT	WHILE X	Accidental	discharge o	of firea	erm.		
	22. 1 cert	ify that I held an I	nquiry 🗌	Inspection A	utopsy 🔀	and that an this	bosis, death in m	y apinlon			
	result	ted from: Notural co	uses	Accident X Suici	de	Homicide Un	determined monne	r 🗌			
					CH	HEF MEDICAL EXA	MINER	THE STATE			
	ACTUAL	-	001	1/-				D	ATE SIGNED		
	SIGNATI		aches	Melly M.I		ANT MEDICAL EXA	parama .	8	/27/66		
	EXAMIN NAME (1	Charlo	s S. Pe	etty, M.D.	ASSOCI	ATE MEDICAL EXA	MINER		, 21, 00		
	A. BURIAL CREA		23	C. NAME of CEMETERY	or CREMA	TORY 23D. LO	CATION (City,	town, or count	y) (Stote)		
	MOVAL (Specify Burial	8/29/66		Oak Lawn Cem	atem	Ro.	1+0 00	Mazzelon	a		
		BY HEALTH DEPT.		OF REGISTRAR	. /	FUNERAL DIRECTOR	Ito., co.,	ADDE			
24,	O. DATE REC'D	DI NEMLIN DEFI.	240, NAME	OF REGISTRAR	240.	eneral Director	ellettelse	er nous			
				a Tallers	Ja	7 6	zipski 1407	Laster	n Ave. #2		
VS	151-REV. 1/4	4G 29 1966 (The Design	4		6 7 7	2101	20001	AJG		
	AL	וע מי ווייי	110	N 83 31	1						

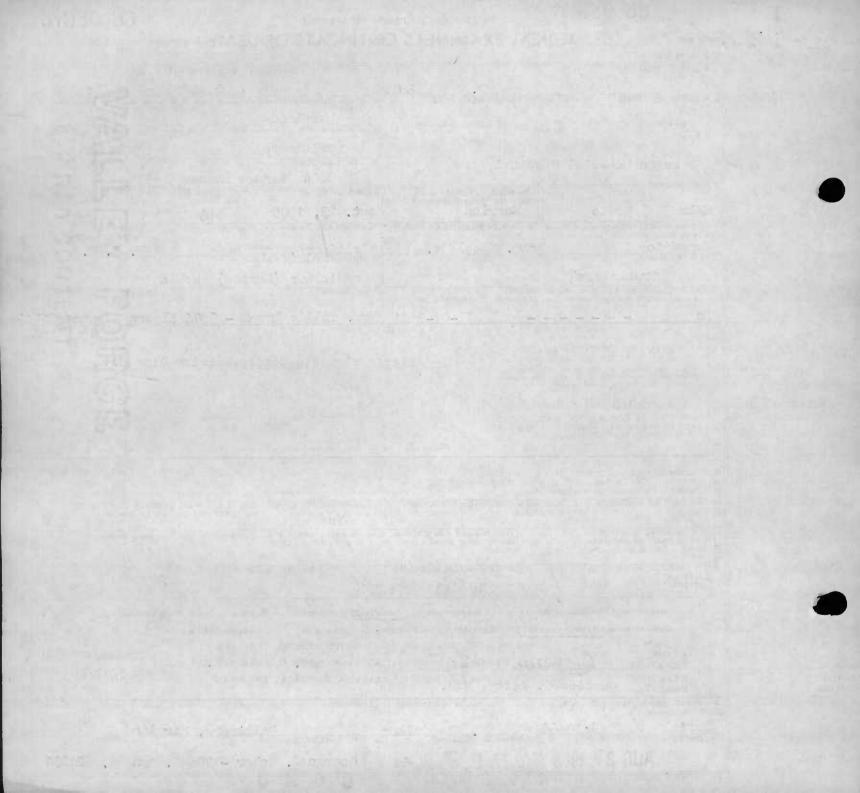
MEST SI MAN bentfermi , moonid Let

ligates to Control Section Spring of Control

BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

MAS CASE NO.	CAL LA	AMIIATK 2 C	LKIIIICAIL	JI DEATH Regist	ereu ina.					
M.E. CASE NO. 1. NAME OF DECEASED			12 DA	TE AND HOLLS PRONOLING	CED DEAD					
(Type or Print)		D TODE	2. DATE AND HOUR PRONOUNCED DEAD							
JOHN 3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	D. LORE	4. USUAL RESIDENCE	B. CO	stitution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPIT, HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Marylar c. city or town (18		te RURAL and give township)					
INSTITUTION			Baltimo	ore	26-03					
Union Memorial Ho	spital		D. STREET ADDRESS (Il rurol, give locotion) Elmora Avenue						
5. SEX 6. RACE Male White		NEVER MARRIED DIVORCED (specify)	Sept. 23, 190	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.					
10A. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
Expeditor	Beth. S	teel Co.	Baltimore.	Maryland	U. S. A.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
Frank Lorek			Bronislawa	(Bertha) Kucht						
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dote		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS					
No	na (m0)	213-07-3541	Mrs. Tillie	Lorek - 3804 H	Ilmora Avenue #21213					
18.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DI										
LEADING TO DEATH		(A) Arter	iosclerotic (Cardiovascular	Disease.					
heart failure, asthenia, etc. It means injury or complication which coused	the disease,	DOE 10								
ANTEGENDENT GANGE	이 그는 사람들이 얼마나 나는 것이 되었다. 그는 사람들이 되었다면 살아지고 있다면 살									
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO									
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.		505 10								
		(C)								
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	LATED TO T	NG HE	**************************************							
19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE FIN CERTIFYING CAL						
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	in or obout 21C. WHERE	DID (If in Boltimore City, UR?						
21D TIME (Month) (Doy) (Yeol OF INJURY (APPROX.)	V	VHILE AT NOT AT W	WHILE	D INJURY OCCUR?						
22. I certify that I held an I				an this basis, death in	my apinion					
resulted fram: Natural ca	uses X A	Accident Sulcid	e Hamicide	Undetermined man	ner 🗌					
			CHIEF MEDICA	AL EXAMINER	TATE CICUED					
SIGNATURE CA	aule 5	Tell - MD	ASSISTANT MEDICA		DATE SIGNED					
EXAMINER'S NAME (Type) Charles	S. Petty	1	ASSOCIATE MEDIC		8/27/66					
23A, BURIAL CREMATION, 238. DATE REMOVAL (Specify)	23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (Cit	y, town, or countyl (Stote)					
Burial 8/30/6	6	St. Staniclan	e	Baltimore, Ma	rvland					
24A. DATE REC'D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERAL DIR	RECTOR	ADDRESS					
AUG 29 1966	Robert	E. Facherma	George A.	Weber - 705 S	6. Ann St. #21231					
VS 151-REV. 1/1/65	4 9	0 0 0	1 8 6 7	U	\ \ \					



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

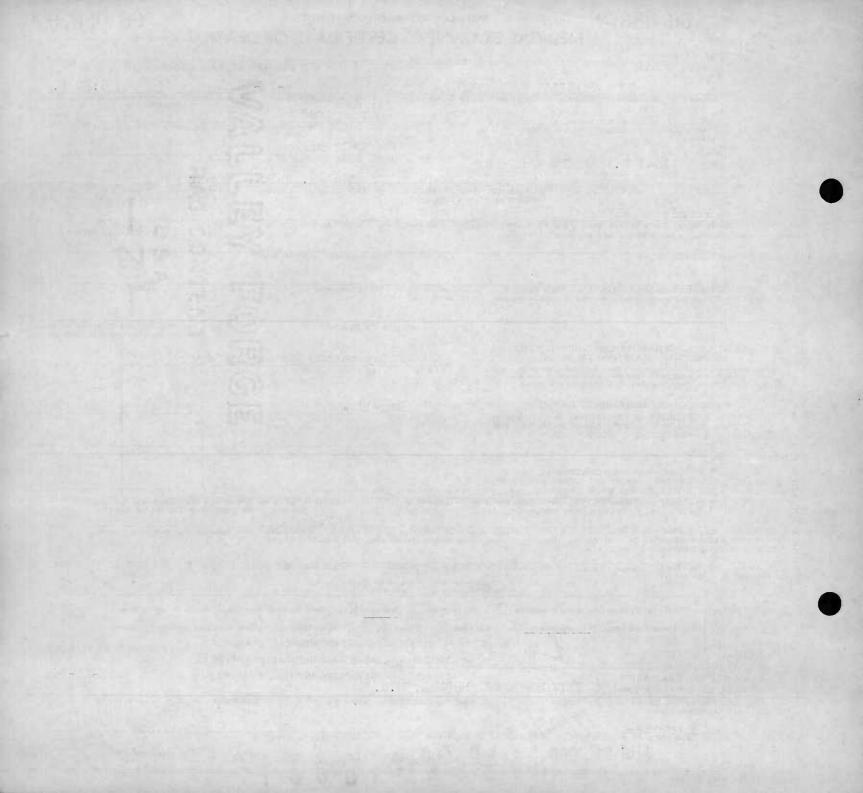
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III NAME		M.E. CASE NO.								
	OF DECEASED	41	CAESAR	or CESAI	RE		st 24, 196		12:00 P	
3. PLACE	N BALTIMORE	w BOWINIC	HERE PRONOU!	CED DEAD	4. USUAL RESID		eceosed lived. If ins	titution: residen	ce belore odmis	s sion)
FULL NAM HOSPITAL INSTITUTION	OR AD	NOT IN HOSPIT DRESS OR LOCA	AL OR INSTITUT	NON, GIVE STREET	c. city or tov	imore	corporate limits, writ	e RURAL ond	Oive township)	
2	Sinai	Hospita.	1		D. STREET ADDR		rstown Roa	ıd		
5. SEX Male	6. RACI	hite	7. MARRIED, N	RCED (specily)	B. DATE OF BIRTH APRIL 18		9. AGE (In years lost birthday)		Yr. II Under 24 bys Hours A	
done during	TAURANT	fe, even if retired)	RESTAT		TRY 11. BIRTHPLACE (TTALY 14. MOTHER'S MA			12. CITIZEN WHAT	COUNTRY?	
		מתו	CESAF	ਧ	VENERA :	GILLUZ	70			
(Yes, no or	ECEASED EVER	IN U.S. ARMED	FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		Rd.
NO 213-14-8943 MRS. JOSEPHINE BLUMSON 4214 -Reistersto CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., heard foilure, osthenio, etc. It meens the disease, injury or complication which coused death.) (A) Intracerebral Hemorrhage. DUE TO										EEN
RISE	TO THE ABOV	NDENT CAUSE NDITIONS, IF A TE CAUSE (A) S NDITION LAST.	NY, GIVING	(B)(C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
19A. D	ATE OF OPERA	TION 198, CON WAS PER		HICH OPERATION	20A. AUTOPSY?		B. IF YES, WERE FI			
UNDER	KTERNAL CAUS	N TRIB-	21 B. Pl home, etc.)	ACE OF INJURY (e.g form, foctory, street,	office bldg., INJURY	HERE DID (If	in Boltimore City, g	ive exact laca	lion)	
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT WORK NOT WHILE AT WORK										
22. I certify that I held an Inquiry Inspection 🔀 Autopsy and that an this basis, death in my apinian										
resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED									D	
	CTUAL GNATURE	Cha	elect 1	()	ASSISTANT ME				25/66	
SI	XAMINER'S AME (Type)	Char1	es S. Per	LLy, H.D.					$\overline{}$	
SI E N	XAMINER'S			NAME of CEMETER		23D. LO		, town, or cou	nty) (Stote	ъ

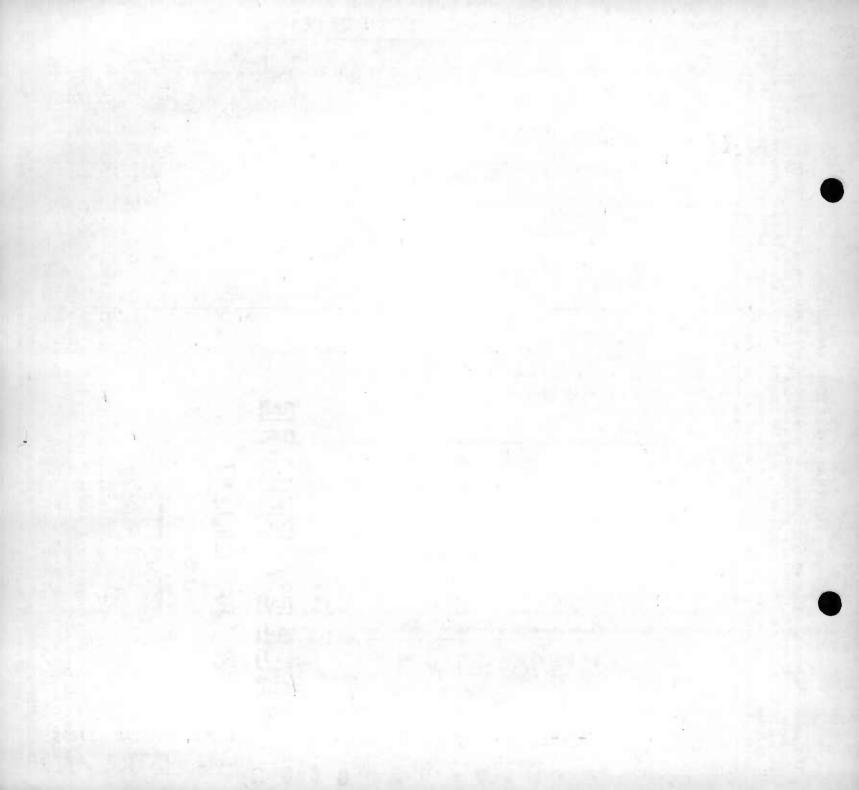
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VS 151-REV. 1/1/65

BIR	TH NO.	MED	ICAL EX	KAMINER'S CE	ERTIFICATE OF	DEATH Registe	ered No			
M.	E CASE NO.									
l. (Îv	NAME OF DEC	EASED		HAIDA	2. DATE AND HOUR PRONOUNCED DEAD					
,		SALL	Y	HUNT	8-21		6:50 A. A			
3. 1	PLACE IN BALT	MORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When Maryland	e deceased lived. If ins B. CO	titution: residence before admission			
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN (If outsi	de corporate limits, writ	e RURAL ond give lownship)			
	144	1 E. BALTIMO	RE STREI	ET	D. STREET ADDRESS (If ruro	l, give location)				
-	ev.	(DAGE	7 44400100	NICYCO ALABOICO	1441 E. Balt					
5. 5	Female	6. RACE White		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months, Doys, Hours, Min			
104	USUAL OCCU			F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?			
	FATHER'S NAM				14. MOTHER'S MAIDEN NAM	ΛE				
		O EVER IN U.S. ARM E		16. SO CIAL SECURITY NO.	17. INFORM ANT	BI STOP	ADDRESS			
	18,	1 /		CAUSE	OF DEATH		INTERVAL BETWEEN			
8	DISEAS	F OR CONDITION D	IDECT! V				ONSET AND DEAT			
		LEADING TO DEAT	Н	(A) Fat	ty metamorphosi	s of liver				
	heart failure,	ot mean the made o osthenio, etc. It mean application which caused	s the disease,	DUE TO						
					4.					
		NTECENDENT CAUS OR CONDITIONS, IF		(B) Eth	ylism					
		E ABOVE CAUSE (A) S								
Z				(C)						
ATIC	OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBILITI	NG						
IFIC,	TO THE	DEATH BUT NOT RE	ELATED TO							
CERTIFICATION	19A. DATE OF	OPERATION 198, CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU				
	21 A. EXTERNAL		21 B.	PLACE OF INJURY (e.g.,	Yes	(If in Boltimore City, g	give exact location)			
EDICAL	UNDERLYING UTING CAU	OR CONTRIB- SE OF DEATH.	home etc.)	e, form, factory, street, o	ffice bldg., INJURY OCCUR?					
Σ	21 D TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?				
	(APPROX.)			WHILE AT NOT W	WHILE ORK					
	22. I cert	ify that I held an	Inquiry 🗌			his basis, death in	my apinlan			
	resul	ted fram: Natural co	ouses X	Accident Sujcide	Hamicide 🗌	Undetermined mann	ier 🗌			
	ACTUAL	1///	STOM	1.7.	CHIEF MEDICAL E		DATE SIGNED			
	SIGNATI	URE	Just.	an May			8-21-66			
	EXAMIN NAME (1	Type) 'RUDI		ITENECKER, M.D						
	MOYAL (Specify		23	C. NAME of CEMETERY o	CREMATORY 23D.	LOCATION (City	y, town, or county) (Stote)			
4	Kemor	eal 8/2	3/66		Fx	AIRMOUN	1. /V, C ~			
24.	A. DATE REC'D	UG 29 1966		OF REGISTRAR	24C. FUNERAL DIRECTO	75/ Fair	mount n			

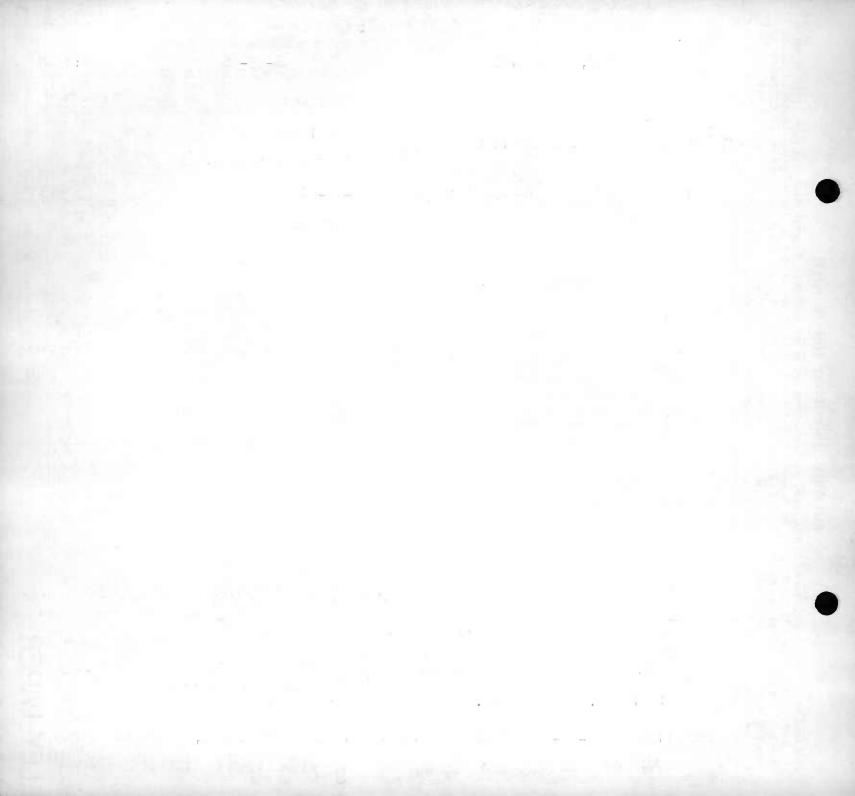


DIRECTOR:



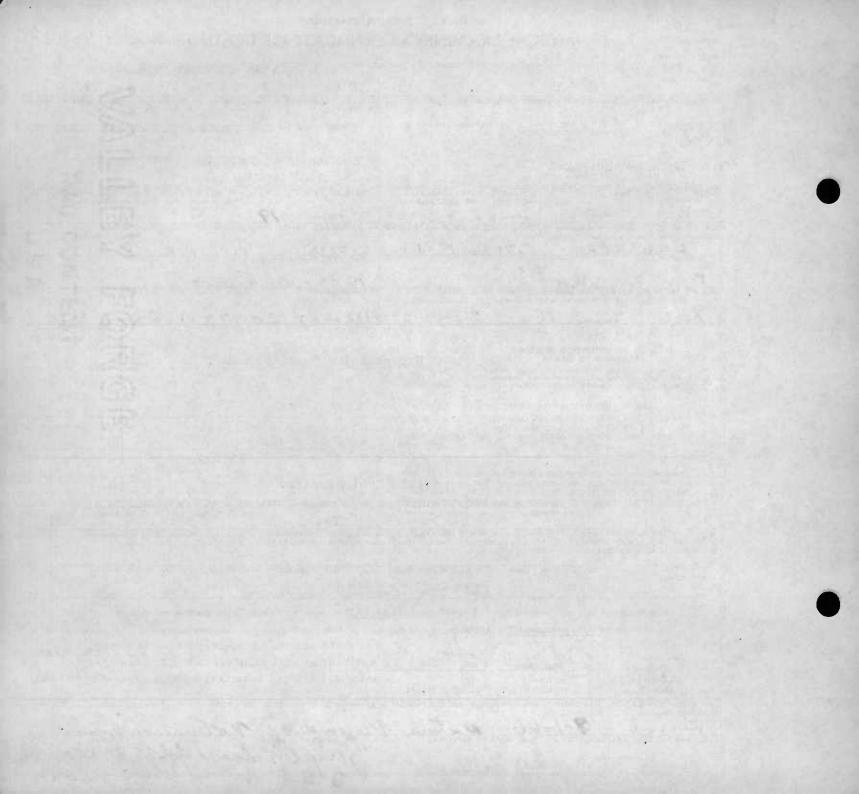
VS 150-REV. 1/1/65

100/01	MARCO 0868	01	BALTIMORE CI	TY HEALTH DEPARTMENT		00 00004
		31	CERTIFIC	ATE OF DEATH	Registered No	. 66 08681
M.E. CASE NO					AND HOUR OF DEAT	4
(Type or Print)		DV CIDE				
3. PLACE OF	GRAY, BA	MARYLAND		USUAL RESIDENCE (W	25-66	8:15AM
or tract of	DEATH IN BALIMONS	MARIEAND		A. STATE B. CO		A A
FULL NAM HOSPITAL	OR oddress or loc	itol or institution, g otion)	ive street	MARYLAND C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give township)
7				DALTIMODE		
STHE J	OHNS HOPKINS	HOSP ITAL		D. SREET JUNES EA	give location)	
				1606 EAST	RARX STREET	Encek
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
F	Negroe	Never	Married (special)	8 - 25 - 6 5	lost birthdoy)	Months Doys Hours M
	st of working life, even if retire		BOZINEZZ OK INDOZI	RY 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
				MARYLAND		
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	IAME	
				TUEDECA	DAV	
15 Was Decay	ased Ever in U. S. Armed	Forces?	1 6. SOCIAL	THERESA G	TAT	ADDRESS
(Yes, no or unkr	nown) (If yes, give war or	dates of service)	SECURITY NO.	III VIVIAII I		DONESS
110		10 10 10	CALLES	OF DEATH		INTERVAL BETWEEN
	73,01		CAUSE	OF DEATH	8	ONSET AND DEATH
DIS	SEASE OR CONDITION	_			brane Disi	1'40
	LEADING TO DEA		(A)	yame Mem	mane Disc	Pase 01-N
	es not mean the mode		DUE TO			
	ure, osthenio, etc. It me complication which cau			•		
	ANTECEDENT CAU		(B)			
			DUE TO			
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C)					
	UNDERLYING CONDITION last.					
	11					
O OTHER S	IGNIFICANT CONDITION			_		
	OR CONDITION CAUSIN					
	OF OPERATION 198.	CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
19A.DATE	WAS	PERFORMED		YES	IN CERTIFIENCE	AUSES OF DEATH!
U 21A. ACC	IDENT WAS UNDERLYIN		PLACE OF INJURY (e.g	, in or obout 21 C. WHERE DID	(If in Boltim	ore City, give exoct locotion)
	TRIBUTING CAUSE OF	hom etc.)		office bldg., INJURY OCCUR		
2				275 110111 -1-	INJURY OCCUR?	
	P	eon (moun 21E,	INJURY OCCURRED		INDURT OLCUR?	
W OF INTHE						
	RY	Whi	le At Not W	/hile		42
OF INJUR	RY	Wor	le At Not W	/hile D		15 AM 8/15 10 6
OF INJUR (APPROX)	tify that (1) (this hasp	wor oital) attended th	Not We At We he deceased from 2	a.m. 8/25	19 46 10 8	15 am 8/15 10 6
OF INJUR (APPROX) 22. I cer that (I) (tify that (1) (this hasp we) lost sow the dece	wor sitol) ottended the sosed olive on	le At Not We At We he deceased from 2	A.M. 8/25	19 46 to 8 that in (my) (My)	pinion deoth occurred on the
OF INJUR (APPROX) 22. I cer that (I) (tify that (1) (this hasp we) lost sow the dece	wor sitol) ottended the sosed olive on	le At Not We At We he deceased from 2	a.m. 8/25	19 46 to 8 that in (my) (My)	,
OF INJUR (APPROX) 22. I cer that (I) (tify that (I) (this hasp we) lost sow the dece rand from the couses	Wor sitol) ottended the sosed olive on	le At Not We At We he deceased from 2	A.M. 8/25	19 46 to 8 that in (my) (My)	pinion death occurred on the
OF INJUR (APPROX.) 22. I cer that (I) (tify that (I) (this hasp we) lost sow the dece rand from the couses	wor sitol) ottended the sosed olive on stoted obove. (I	Not We have descended from 2	Attending Med.	that in (my) (NH) o	,
22. I cer that (I) (ond hour 23A. SIGN	tify that (I) (this hasp we) lost sow the dece r and from the couses	wor sitol) ottended the sosed olive on stoted obove. (I	Not We have descended from 2	Attending Med. Director	that in (my) (street) of the Staff	23B. DATE SIGNED
OF INJUR (APPROX.) 22. I cer that (I) (ond hour 23A. SIGN	tify that (I) (this hasp we) lost sow the dece r and from the couses	wor sitol) ottended the sosed olive on stoted obove. (I	ne deceased from 2 8/25) (My) (did) My M.D.	Attending Med. Director 23D. ADDRESS 550	that in (my) (NH) o	23B. DATE SIGNED
OF INJUR (APPROX.) 22. I cer that (I) (ond hour 23A. SIGN 23C. PHYS NAM	tify that (I) (this hasp (we) lost sow the dece or and from the couses LATURE (ICLAN'S AE (Type)	wor sitol) ottended the sosed olive on stoted obove. (I	Not Wat We deceased from 2 8/25) (Mg) (did) (Mg) (did)	Attending Med. Director 23D. ADDRESS 550	that in (my) (MH) of the Staff N. Broad	23B. DATE SIGNED
OF INJUR (APPROX.) 22. I cer that (I) (ond hour 23A. SIGN 23C. PHYS. NAN W	tify that (I) (this hasp (we) lost sow the dece r and from the couses IATURE ICLAN'S AE (Type) ILLIAM C. MA(CREMATION, 248. DATE	word of the second of the seco	Not Wat We deceased from 2 8/25) (Mg) (did) (Mg) (did)	Attending Med. 23D. ADDRESS 550 Baltima	that in (my) (MW) of the Staff X Phys. X N. Broad	23B. DATE SIGNED 8/25/66
OF INJUR (APPROX.) 22. I cer that (I) (ond hour 23A. SIGN 23C. PHYS. NAN W	tify that (I) (this hasp (we) lost sow the dece r and from the couses IATURE (ICLAN'S ALC (Type) ILLIAM C. MA(CREMATION, 248. DATE AL (Specify)	word of the posed	Not We have deceased from 2 8/25) (My) (did) 15/11/11 M.D. M. D. M	Altending Med. 23D. ADDRESS 550 Baltim C CREMATORY 24D HOSP TAL BA	that in (my) (My) on the Staff X N. Broad X LOCATION MA	238. DAYE SIGNED 8/25/46
OF INJUR (APPROX.) 22. I cer that (I) (ond hour 23A. SIGN 23C. PHYS. NAN WI 24A. BURIAL REMOV CREMAT	tify that (I) (this hasp we) lost sow the dece r and from the couses IATURE ILLIAM C. MA(CREMATION, 24B. DATE AL (Specify) ION 8-25. EC'D. BY HEALTH DEPT.	word of the posed	Not We have deceased from 2 3/25) (My) (did) Menter M.D. M.B. M.B.	Attending Med. 23D. ADDRESS 550 Baltim C	that in (my) (My) on the Staff X N. Broad X LOCATION MA	23B. DAVE SIGNED, 8/25/66 Way City, town, or county) (St
OF INJUR (APPROX.) 22. I cer that (I) (ond hour 23A. SIGN 23C. PHYS. NAM W 24A. BURIAL REMOV CREMAT	tify that (I) (this hasp (we) lost sow the dece r and from the couses IATURE (ICLAN'S AE (Type) ILLIAM C. MA(CREMATION, 248. DATE AL (Specify) 10N 8-25	word of the posed	Not We have deceased from 2 3/25) (My) (did) Menter M.D. M.B. M.B.	Altending Med. 23D. ADDRESS 550 Baltim C CREMATORY 24D HOSP TAL BA	that in (my) (My) on the Staff X N. Broad X LOCATION MA	8/25/66 tway City, town, or county) (Sto ARYLAND 21205



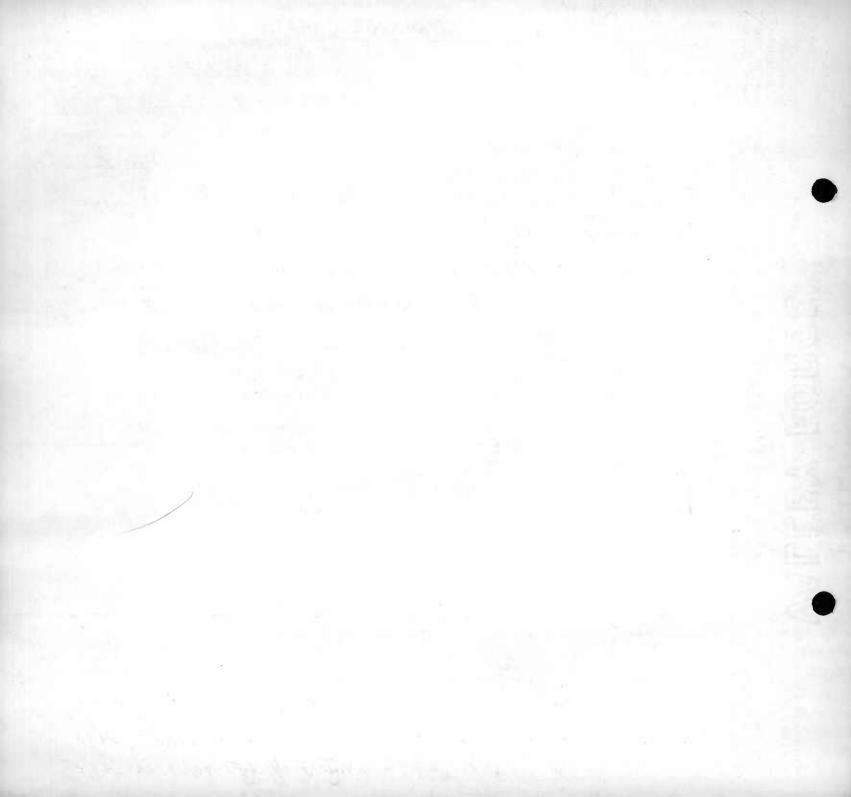
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ad Na	UU	00000

150		TIFICATE OF DEATH Registered No. 66 08682
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	THOMAS B. CHAI	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	JSUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	TERRET TAKE OF THE NOT IN HOSPITAL OF INSTITUTION CIVE STREET	Maryland CITY OR TOWN (If outside corporate limits, write RURAL onderlive township) Baltimore
4	Lutheran Hospital	STREET ADDRESS (If rurol, give location) 2402 Roslyn Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. D.	ATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
	Male Negro WIDO WED, DIVORCED (specify)	lost birthdayl Months, Doys, Haurs, Min.
	10A. U SUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) 11.	6-8-19/9 4/ 12. CITIZEN OF
	done during most of working life, even if retired)	WHAT COUNTRY?
	LABORER STEEL MILL V	MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. IV	MARY BRANCH ADDRESS
	(Yes, na ar unknawn) (If yes, give war or dates of service) SECURITY NO.	P 10
	YES N.W. II 228-03-5438 D	DEWEY CHATTIN 2402 ROSLVN AUE
	TB. CAUSE OF	DEATH INTERVAL SET WEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	
	/This date and the state of the	sive Heart Disease.
	heort failure, asthenia, etc. 11 means the disease, injury or camplication which caused death.	
	Injery of delity of the first time.	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	NO (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Sickle Cel	1 Disease.
		A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		Yes
	21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	about 21C. WHERE DID (If in Boltimare City, give exact lacation) bldg., INJURY OCCUR?
	21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) WHILE AT NOT WHILE MORK AT WORK	E
	22.	
	I certify that I held an Inquiry Inspection Autopsy	
	resulted fram: Natural causes X Accident Suicide	Hamicide Undetermined manner
	ACTUAL OIL	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE Charles (Luy M.D. ASS	SISTANT MEDICAL EXAMINER 🗵
	EXAMINER'S ASS	SOCIATE MEDICAL EXAMINER 8/28/66
	NAME (Type) Charles S. Petty, M.D.	
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CRE	EMATORY 23D. LOCATION (City, tawn, or county) (State)
	Burial 3-1-66 stretain Me	asemal Wietman Managen
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	ADDRESS ADDRESS
	AUG 29 1966 DO 20 7.0	Wich & Kiess 2222 W. Karbly
		Total Ballo mill
	VS 151-REV. 1/1/65	



VS 150-REV. 1/1/65

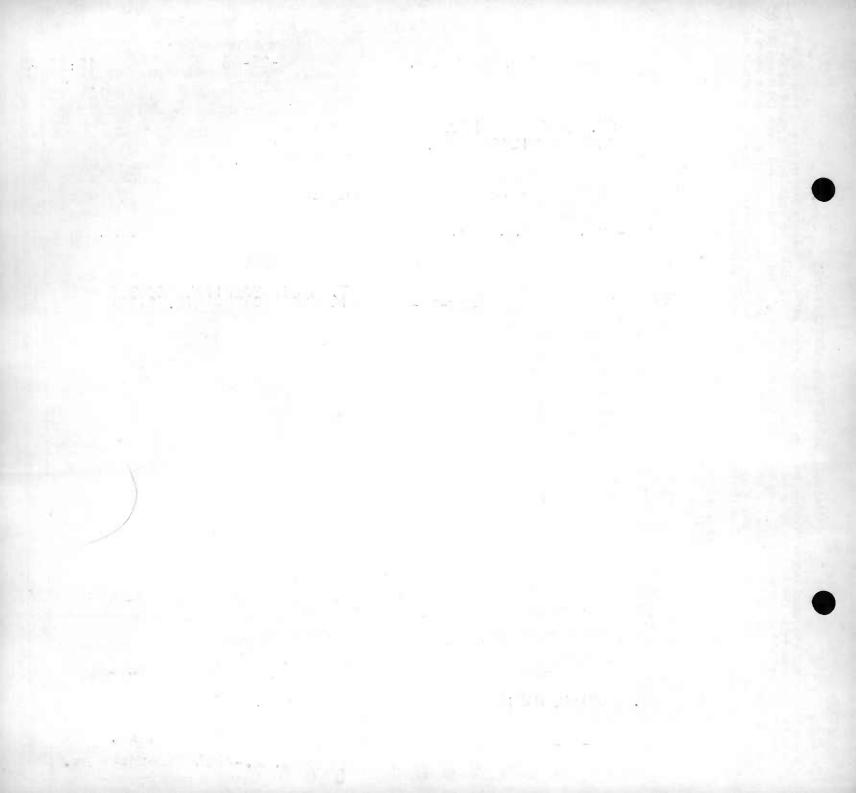
If Under



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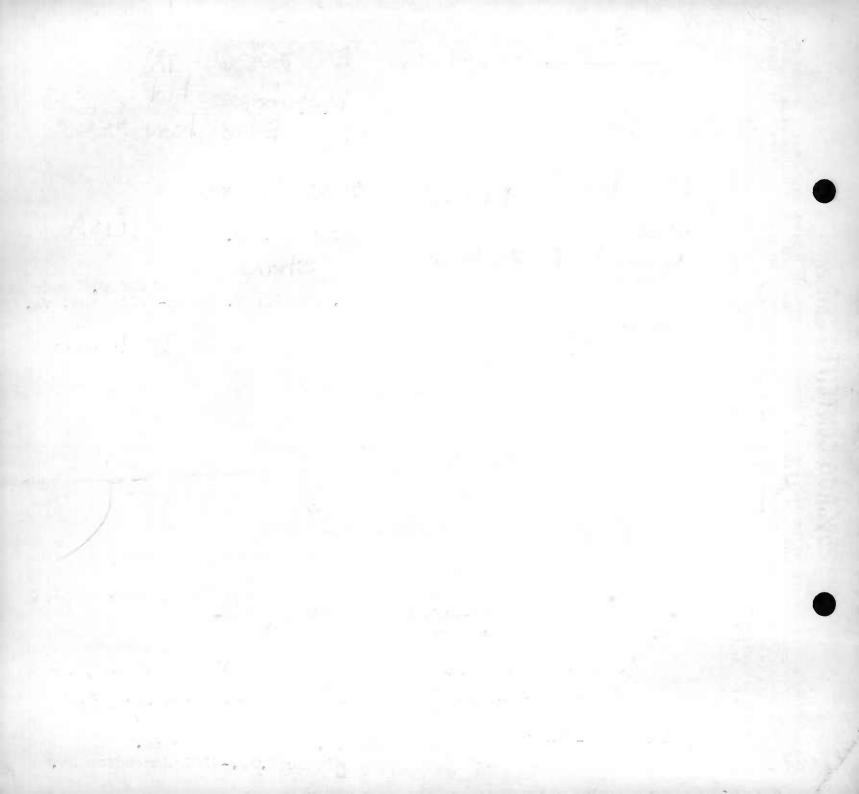
DIRECTOR:

FUNERAL



FUNERAL DIRECTOR: IMPORTANT

	66 08685	BALTIMORE CITY	HEALTH DEPARTMENT	_	66 08685
	TH NO. 288993	CERTIFICA	TE OF DEATH	Registered Na	
1. N (Typ	PLACE OF DEATH IN BALTIMORE, MARYLAND	William	E 8-28	D HOUR OF DEATH	Sylution; residence before odmission)
	FULL NAME OF (If not in hospital or instituted and in hospital or instituted address or location) NSTITUTION	ion, give street	5423 F	side city limits, write	RURAL of Office Township)
5. S	6. RACE 7. MAR WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min,
done	. USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired) Retired		Baltimore A Mothers Maiden RAK		12. CITIZEN OF WHAT COUNTRY?
	LODGIC -	schesche	Stein		
15. Yes	Was Deceased Ever in U. S. Armed Farces? ,,no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	Mrs. Charles	T. Mason	2000 B. Eads Starlington, Va.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF		1	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart foilure, osthenio, etc. It meons the dise injury at complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the obove couse (A) stating UNDERLYING CONDITION last.	ose, (B) DUE TO	15 H D-		Jean
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	URY OCCUR?	
	22. I certify that (*(this haspital) attend that (*(we) last saw the deceased alive	anAugust28	19 66 and the	9 66 ta A Li G.i at in (1997) (aur) api	15 T L 8 1966,
	and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN 3 23C. PHYSICIAN 3	M.D. Atten	ding Med.	Stoff Phys.	238, DATE SIGNED 8/28/66
24A	NAME (Tyge) TOSEA. PAL, BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	ANCAR M.D.		COLU A DICATION ICE	
	Burial 8-31-66	Lorraine Par ME OF REGISTRAR	k Cem Ba 25C. FUNERAL DIRECTOR	ltimore, D4101 E	Md. ADDRESS dmondson Av.



VS 151-REV. 1/1/65

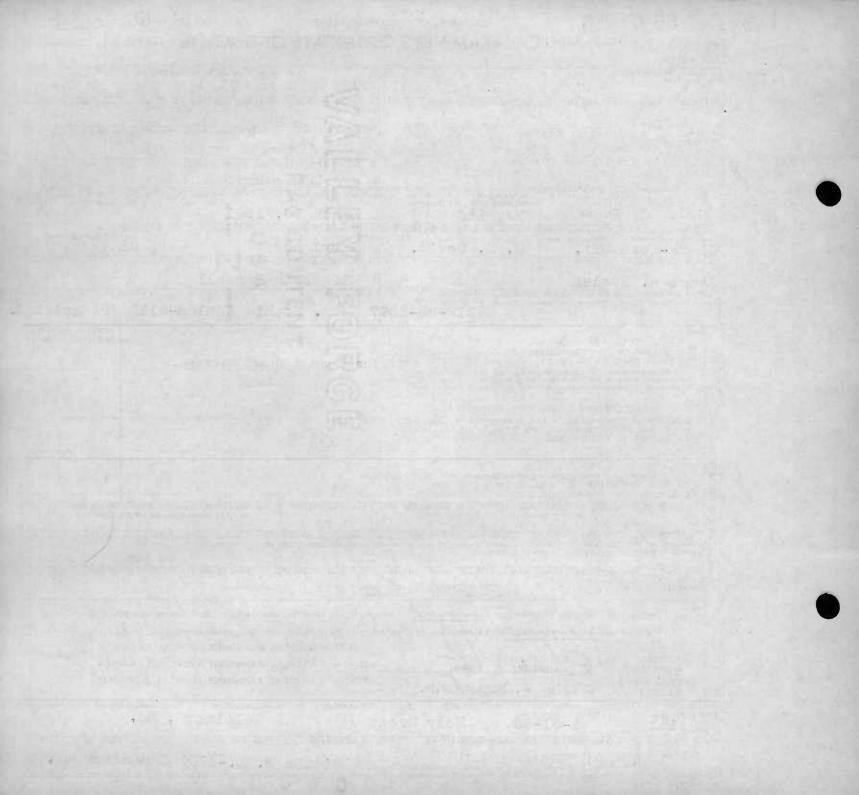
Witzke F. D.-4101 Edmondson A .

24A, DATE REC'D BY HEALTH DEPT.

248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS



IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

¥.

6	16	ACACA				
1	10	UODOMEDICAL	FXAMINER'S	CERTIFICATE	OF	DEATH Registered No.
		MILDICAL		CLIVITICATE		

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
NELLIE M. LEWIS - Spi	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	Bolt-imano
311 S. Parrish Street 10-N/4	
CERTIFICATE AMENDED	D. STREET ADDRESS (If rural, give location) 311 S. Parrish Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female White widowed	3-24-66 42
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. Birthplace (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Operator Pharma-plastics	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Edwards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
214-24-259	7 Mr. Aaron Spicer-311 S. Parrish St.
<u></u>	E OF DEATH INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Bilateral pneumonia
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	Eather matemanshasis of lines
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	Fatty metamorphosis of liver
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	Took AUTOBOUG V. NI NOO IP VEC WERE SINDINGS CONSIDERED
O PERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes at No. 208. IF YES, WERE FINDINGS CONSIDERED IN CHITESTEE OF DEATH?
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in ar obaut 21C, WHERE DID (If in Boltimare City, give exact location) office bldg., NJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE VORK
22.	ond that on this bosis, death in my opinion
resulted from: Notural couses Accident Suicia	
Accident Solicito	CHIEF MEDICAL EXAMINER
ACTUAL PROPERTY	ASSISTANT MEDICAL EVANINED X
SIGNATURE M.D	Associate Medical Examiner August 26, 1966
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
Burial 8-29-66 St. Peter!	s Cem. Baltimore, Md.
24A. DATE REC'D BY HEALTH, DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AUG 29 1966 P. C. & E. Farkuma	Witzke F. D4101 Edmondson Av.
VS 151 BEV 1/1/65	W. OZAZO Z & DITTLOT Editoricon 114

10/11/66 - Correction form from funeral director.

Centro receipes accopied & the a tricelan 10 mm 3 11/243 mount Fildment DE RELO SV

IMPORTANT

DIRECTOR:

FUNERAL

312 B. 3300 Steel

25 22 79 22 Miss Manuel 11 Bokus lester

Maryland USA

Corcinoma of Long Til 1965

Letter from Union Memorial Hospital, Medical Record Department, Jane Holmes, MRT.

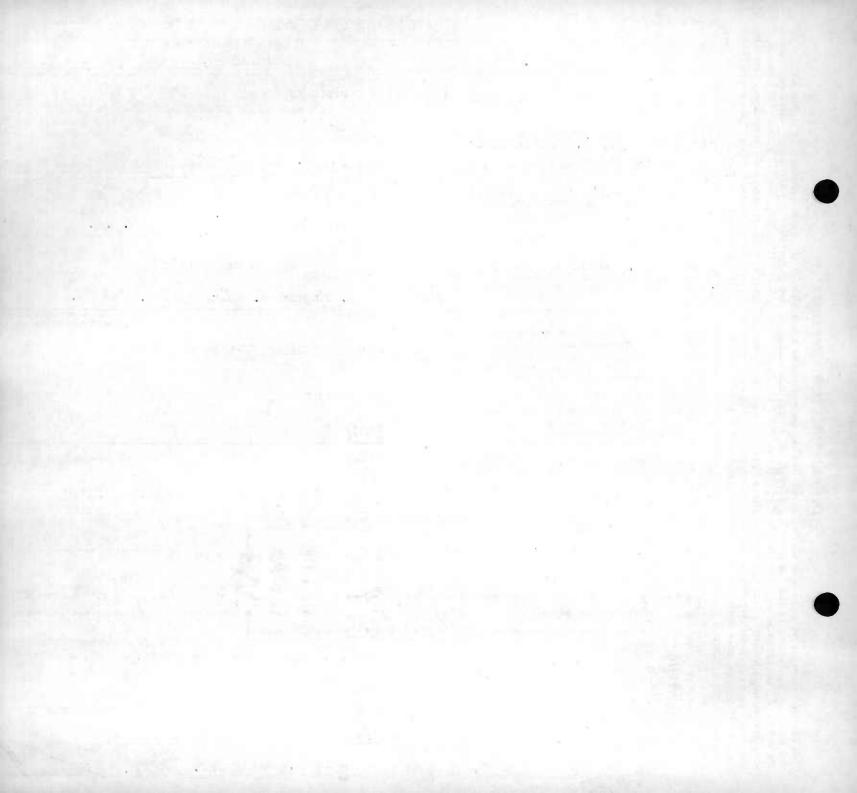
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and promoted thought to the Hamour Cates

Lemes / Morrill Indiana Morrill

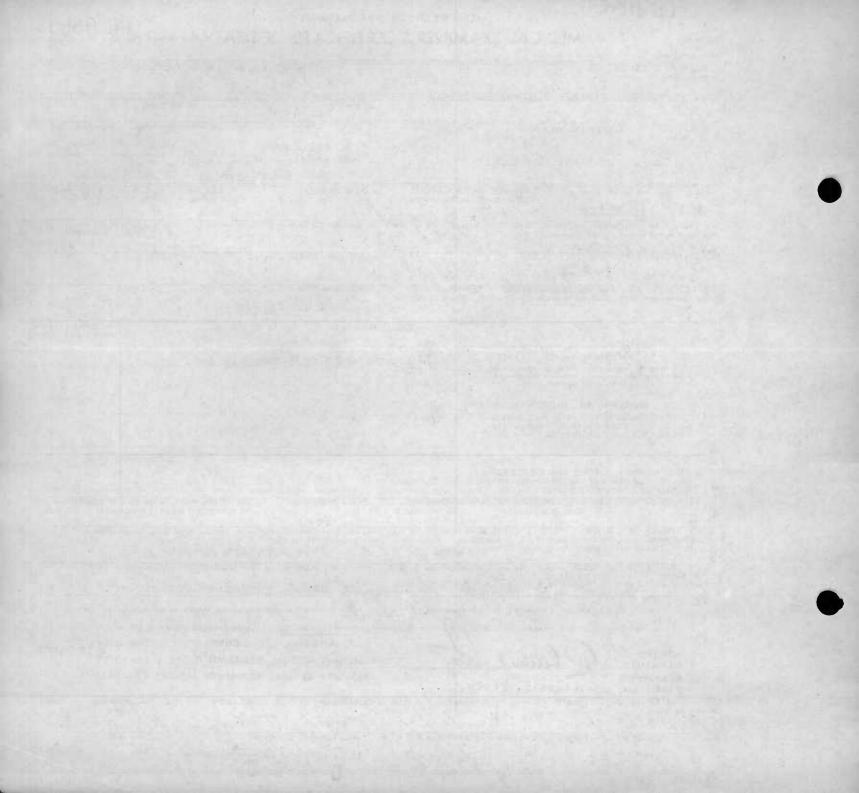
Non Married 01/03/13 53

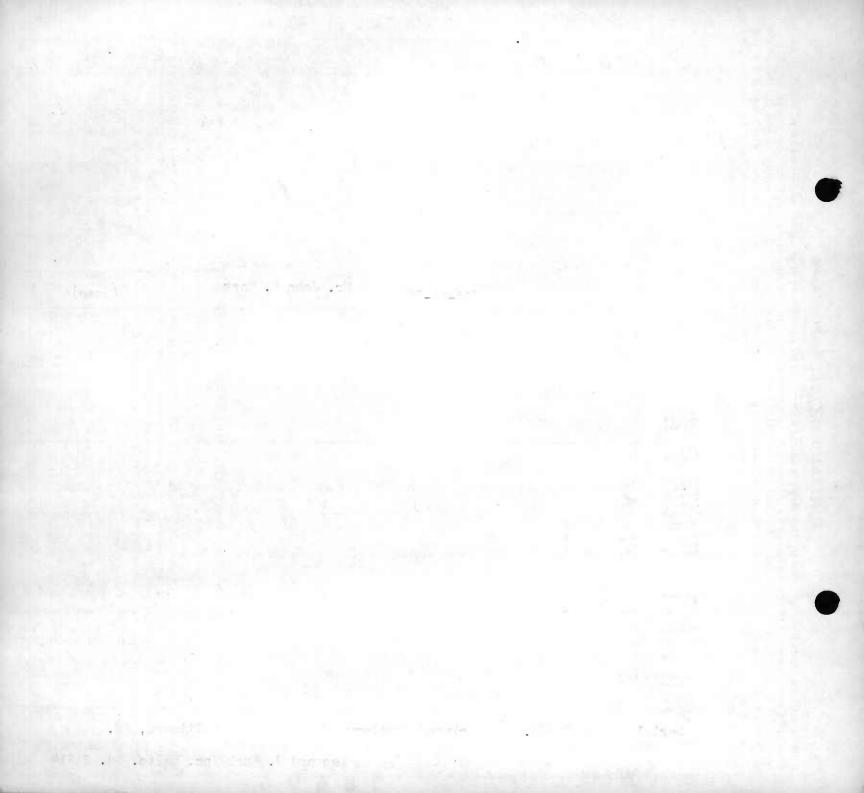
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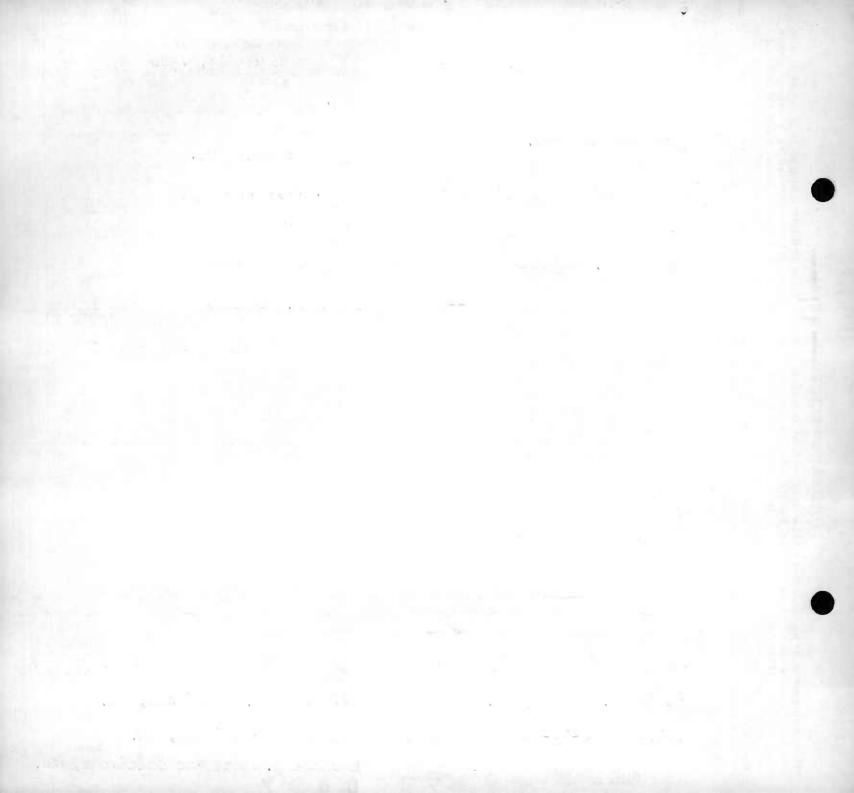


BIR	TH NO.	WEDI	CAL EX	CAMINER'S CI	ERTIFICAT	F OF D	EAIH Registe	red No.	
-	E CASE NO.			LOT IN THE LOCAL PROPERTY OF THE PARTY OF TH					
1. (Ty	pe or Print)	CEASED		Lo	wrey	2. DATE AND	HOUR PRONOUNC	ED DEAD	
2	DI AGE IN BALS	LILLI		-LOWERY-	Ille Town		28, 1966	11:3	0 A M.
3.	PLACE IN BALI	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE		eceosed lived. If inst B. COU	itution: residence before JNTY	e odmission)
O	UN PER	FRATE	LAM	PIGN AVESTRE		aryland	corporate limits, write	RURAL and give tow	mahin)
14	Nolloll		110107	9/2/66	1000			1-01	y. S. III p
/1	1	Union Memoria	1		D. STREET ADDR	altimore		0	
1	1						lwood Aven	116	
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. If U	nder 24 Hrs.
1	Female	White	1111 1	DIVORCED (specify)	Aug. 26	1000	lost birthdoyl	Months, Doys Ho	urs Min.
104	. USUAL OCC	UPATION Give kind of work	10B. KIND O	F BUSINESS OR INDUSTRY		state or foreign	country)	12. CITIZEN OF	
	yduring most of a	working life, even if retired)			Marul	and		WHAT COUNTR	4? 1/SA
	FATHER'S NAM				14. MOTHER'S MA	AIDEN NAME			010/1
	James.	Schaetter			(lara	Yost			
15.	WAS DECEASE	D EVER IN V.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		THE LABOR OF	ADDRESS	
(TC:	20	(If yes, give wor or dote	s of service	2185051182	Mr. Da	nath.	и О	1520 11	, ,
-	18.	/		CAUSE	OF DEATH	roxhy II	1. Darone	4530 HOZE	BETWEEN
	4.7	1			or bearing			ONSET AN	DEATH
	DISEA	SE OR CONDITION DIE LEADING TO DEATH		Hypert	ensive and	l arteri	osclerotic	TOTAL TOTAL	
	(This does in	not meon the mode of osthenio, etc. It meons	dying, e.g.,	SO EXPRIN	heart di				
	injury or coi	mplication which coused a	deoth.)					1316	
	A	NTECENDENT CAUSE	S	(8)					
		OR CONDITIONS, IF A E ABOVE CAUSE (A) ST		DUE TO					
_		NG CONDITION LAST.		(5)					
Ó				() /					
X.	OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTII	NG					
F.		DEATH BUT NOT REL		'H E					***********
CERTIFICATION	19A. DATE OF	OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY?			NDINGS CONSIDERED	
	0	WAS PER!	ORMED		No	11	N CERTIFYING CAUS	SES OF DEATH?	
EDICAL		CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (IF	in Boltimore City, gi	ve exoct location)	
Š		SE OF DEATH.	etc.)	, 10111, 1001017, 011001, 0	oc o.og., III o x I	OCCOR.			
Σ	21 D TIME	(Month) (Doy) (Yeor	(Hour) 2	TE INJURY OCCURRED	21 F. HO	W DID INJUR	Y OCCUR?		
	(APPROX.)			WHILE AT NOT NOT WORK AT W	WHILE				
	22.								
		tify that I held on Ir		Inspection X Aut	opsy ond	thot on this	bosis, deoth in n	ny opinion	
	resul	ted from: Notural cau	ses X	Accident Suicid	e Hamicia	de Ur	determined monne	er	
	ACTUAL	11. 0		1-3		DICAL EXA	ret.	DATE	SIGNED
	SIGNAT	URE	1 da	M.D.					
	NAME (type)	S. Spr	ingate, M.D.	ASSOCIATE ME	EDICAL EXA	AMINER	August 29	, 1900
	BURIAL CRE		23	C. NAME of CEMETERY o	CREMATORY	23D. LO	CATION (City,	town, or county)	(Stote)
/	urial	8-31-	66	Druid Rida	Cam	Balt	imore, Me	1.	
	A. DATE REC'D		24B NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADDRESS	
	A	ng 50 1900 (Howard	E. Jaken Ma	Leona	rd J. 1	Ruck, Inc.	, Balto., M.	d.2121
Ve	151-REV. 1/1/	4.5	196	-000	12 6	0 1			
4.3	131-KEV: 1/1/	03							

1	66 08693 BALTIMORE CITY HEA	TH DEPARTMENT					
R 910	BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 66 08693					
N.a.	M.E. CASE NO.	EKTHICATE OF BEATH MANAGEMENT					
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
	DANIEL BAKEI	R August 27, 1966 2:45 P					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) Baltimore					
4	Union Memorial Hospital	D. STREET ADDRESS (If rurol, give locotion) 3604 Souther an Avenue SouthERM					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.					
	Male White Whowed, DIVORCED(specify)	lost birthday) Months, Days, Hours, Min.					
	feeder Miller	TY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	James Baker (deceased						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT Anhay 7916 St. Mossica					
	No	Muen Almen					
	18. = 9 8 3 X 1	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	re and Gag Strangulation.					
	heart failure, asthenia, etc. It means the disease,	ire and dag Strangulation.					
	injury or complication which coused death.)						
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
	(C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
		Yes					
	21A. EXTERNAL CAUSE WAS UNDERLYING™OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Home	office bldg., INJURY OCCUR? 3604 Southern Avenue					
	21D TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED						
	(APPROX.) 8 24 66 Pm. WHILE AT NOT AT WORK	WHILE Bound, gagged and strangled.					
	22, I certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my opinion						
	resulted from: Natural couses Accident Suici	de Hamicide X Undetermined monner					
	ACTUAL () -	CHIEF MEDICAL EXAMINER DATE SIGNED					
	SIGNATURE (Charles 1 Lely M.	1					
	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER					
	23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)					
	BuriAL Hug 30,66 Holy	KOSARY 7300 Herman Hill Rd Ma					
	24A. DATE REC'D BY HEALTH DEPT 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS ASTORA					
	HAR to land All Son Change	ALL AVE					
	VS 151-REV. 1/1/65						







IMPORTANI

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/65

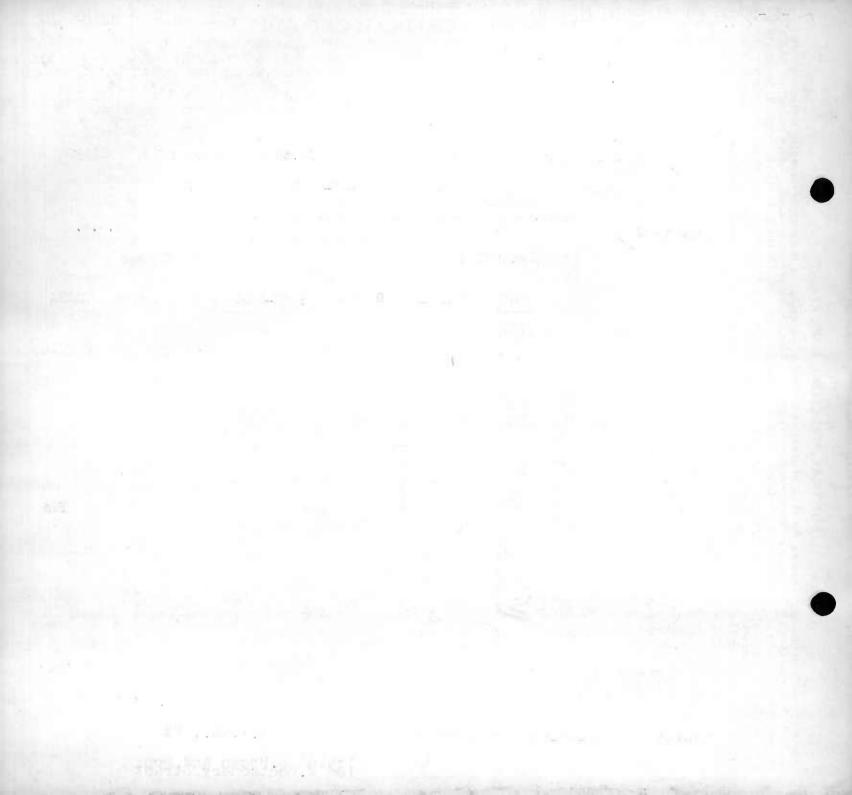
00 000	BALTIMORE	CITY HEALTH DEPARTMENT	00 00000
BIRTH NO. 66 086	CERTIFIC	CATE OF DEATH Registered	No. 66 U8698
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
(Type or Print) TOE AN	N KRAMER	August 25.1	011 17.35 p.
3. PLACE OF DEATH IN BALTIMORE	MARYLAND	4. USUAL RESIDENCE Where deceased lived	If institution; residence before admission
		A. STATE B. COUNTY	
FULL NAME OF (If not in ho oddress or ho	spitol or institution, give street	MARYLAND	
INSTITUTION	3.00000	C. CITY OR TOWN (If outside city limits, v	write NURAL on give township)
4 (laving) Mr m	rint Hospital	D. STREET ADDRESS (If rural, give location	d' JX
00000 11000	ets, Md.	5606 Woodmont	1
			AVE
Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify		If Under 1 Yr. It Under 24 Hrs Months Doys Hours Min.
		STRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Social liberker	JOHNS HOPKING	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
3. FATHER'S NAME	HOSPITAL	14. MOTHERS MAIDEN NAME	as 0.5. A.
	Kramer		Rosen
			Roser
5. Was Deceased Ever in U. S. Arm (es, no or unknown) (If yes, give wor c	or dotes of service) 1 6. SOCIAL SECURITY NO.	36 Miss Addie Thomas	1534 Al. Charles Ct
No	509-01-06	36 Miss Addie I homas	Brits MJ
1B.	CAUS	SE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION	N DIRECTLY		ONSET AND DEATH
LEADING TO DE	ATH		
(This does not mean the moo			**************************************
heart failure, asthenia, etc. It n			
ANTECEDENT CA	USES (B)		
DISEASES OR CONDITIONS,	DUE TO		1
rise to the obove couse	(A) stoting the (C)	Myocardel afach	51Z
UNDERLYING CONDITION las	it.		
Z OTHER SIGNIFICANT CONDITIO			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS			
DISEASE OR CONDITION CAUS	ING IT.	130.4	
	CONDITION FOR WHICH OPERATION S PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
23 A ACCIDENT WAS UNDERLY	210 81 4 55 65 44440	YES	
OR CONTRIBUTING CAUSE O	F home, form, foctory, street	e.g., in or obout 21C. WHERE DID (If in Bole), office bldgs, INJURY OCCUR?	timore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) OF INJURY	Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Not At N	While Nork	
22 1	pital) attended the deceased from		0 7 = //
	1 1 -	8-17-66 19 to	8-25-66 19
that (1) (we) lost saw the dec	eosed alive on Lyugust L.	19 66 and that in (my) (aur	opinian death occurred on the dat
	s stoted obove. (1) We (did) (did no	ot) view the body after death.	
23A. SIGNATURE	0,0		238. DATE SIGNED
James W. for	Bety Jr. M.D.	Attending Med. Stoff Phys. Director Phys.	8/25/66
284. PHYSICIAN'S LAMES	W CARTY ID	23D. ADDRESS	10/00/00
NAME (Type) JAMES	W. CARTY, JR.	A.D. Warian Mamorein L	lospital
AA. BURIAL CREMATION, 24B. DA	TE 24C. NAME of CEMETERY of	CREMATORY 240 LOCATION	15:
REMOVAL (Specify)	24C. NAME of CEMETERY O	CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial 83	1,/60 /18t. Hope	emetery em. Topeka.	Kansaa.
SA. DATE REC'D BY HEALTH DEF	OC 258 NAME OF REGISTRAL	250 FUNERAL DIRECTOR	O / ADDRESS
CHUCI AU	JUB (Selver 15 E. Janke	Man Leonard Lokuck In	c. Balto. Md. 2121

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1	66 0869	0	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 08699
BIRTH NO.	00 0003	3	CERTIFICA	TE OF DEATH	Registered No.	00 00033
M.E. CASE NO			02/(11/10/		AND HOUR OF DEATH	
Type or Print)	1	0	CREWS		CY. 11.2.	8/21/2
BLACE OF F	DEATH IN BALTIMORE, MA	7	CREWS		0	126/66 14
. PLACE OF L	DEATH IN BALTIMORE, MA	KILAND		A. STATE B. CO	here deceased lived. It i UNTY	institution; residence before admiss
FULL NAME	OF (If not in hospital	or institution	nive street	Maryland		
HOSPITAL O	R oddress or locotio		give silver		outside city limits write	RURAL and give township)
)	Baltimore C	ity Hos	pitals	Baltimore		3-01
1	4940 Easter	n Avenu	e		(If rurol, give location)	
1	Baltimore, M			1009 South S	harn Street	21230
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	In 405 (I	
		WIDOWE	D. DIVORCED (specify)		9. AGE (In years lost birthdoy) 75	Months Doys Hours Mir
emale	Negro			8-20-1891		
A. USUAL OC	CUPATION (Give kind of wor	108. KIND OI	F BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
one during mosi	of working life, even if retired)			North Carol	ine	U.S.A.
Retir	98			14 440000000000000000000000000000000000		U.D.M.
A FAIREKS N	T. 1	0	77.	14. MOTHER'S MAIDEN N		
	Joseph	Somervi	TT6		Mary Pl	Lummer
5. Was Deceas	sed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unkno	(If yes, give wor or date	es of service)	SECURITY NO.	Daniel Dan	0/0 Tr = 1	
			212-09-6168	Records: BCH-	1740 Lastern	Avenue 21224
1B. 19	9.2		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) C	Bleno nan	enoma nhnows	Dxed 5 mo
	not mean the mode of		DUE TO	Primary a	mhnour	_
	re, asthenia, elc. Il means complication which caused			metestate	e to My	
,,			(B)			
	ANTECEDENT CAUSES		DUE TO	•••••••••••••••••		
	OR CONDITIONS, if					
	the obove cause (A) NG CONDITION last.	stating the	(C)			
O. DEREIT	do itoliloit lusi.					
Z 071155		Chirphan	0			
OTHER SIG	DEATH BUT NOT RELA	ATED TO TH	IE 71	1 /	Pris.	1 1
DISEASE C	OR CONDITION CAUSING	IT.	mom	sole Hopes	no	IWR
19A.DATE	OF OPERATION 19B. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED
2	11713			Yes		Yes
J 21 A. ACCIL	DENT WAS UNDERLYING	218	PLACE OF INJURY le.g.,	in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTR	IBUTING CAUSE OF lify medical examiner	hom etc.		office bldg., INJURY OCCUR?		
י ו						
OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
(APPROX.)		Wh	rk Not Wh			
00 .	1 1 (151)			0/2-		ala
22. I certi	fy that (1) (this hospito	I) attended t	he deceased from	0/42	19 66 to	8/26 19.6
that(I) (w	e) last saw the decease	ed alive on	8/26	19 66 and	that in (my) (aur) op	inian death occurred on the
and hour	and from the causes sta	ted obove.	1) (We) (did) Edid not)	view the bady after death		
23A. SIGN A			, (e) (did) (did ildi)	THE DUTY OTHER DEST	16	238, DATE SIGNED
	141 11	10	A4.D. A4	tending C	Staff -	ZSB. DATE SIGNED
1/1/	waller Ha	xel	M.D. At	ys. Med. Director	Phys. L	8/26/66
23C. PHYSIC	(Tuge)	HALL		23D. ADDRESS		
NAME	Judith Hal		M.D.	4940 Eastern A	venue . Baltim	ore Maryland
/A DIIDIA	The second second					
AA. BURIAL C		24C.N.	AME of CEMETERY or CI		And the second second	City, town, or county) (Stot
Burial	8-31-6	6 Mt	Calvary Ct		A.CO., Md	
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT	O R.	ADDRESS
	AUG 29 1986 /	no a	0 2 00	Isaiah L.F		eet
	1000	Il Colo	C. Month	100 M Would	gomery Str	986
S 150-REV. 1/	1/65					



66	08/00	
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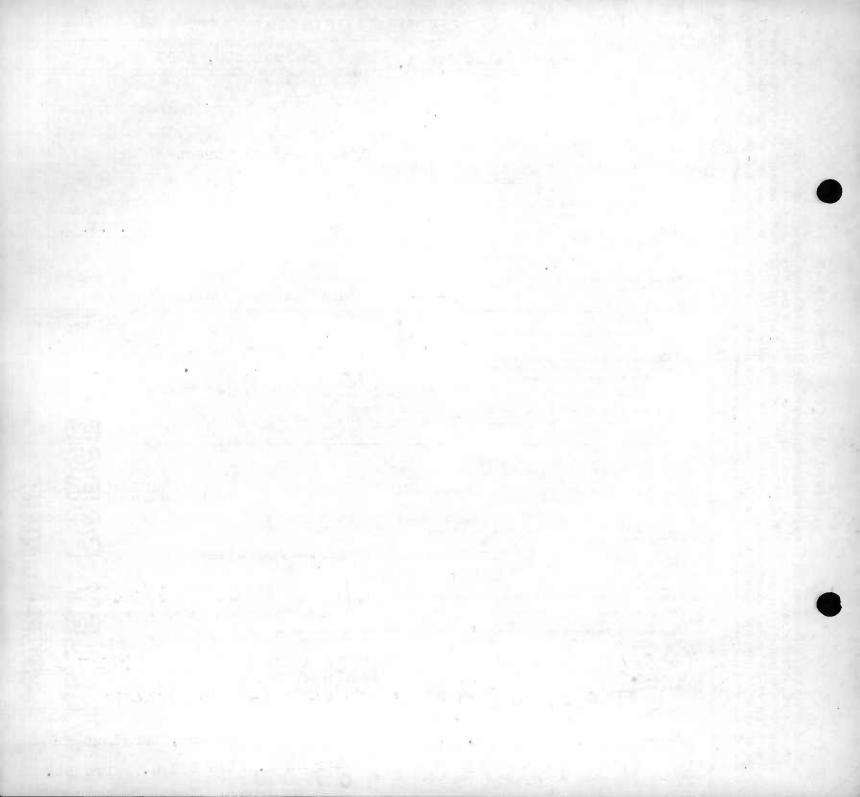
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 66 US700

			CATE OF DEATH		
M.E. CASE NO.		3 4	In DATE AL	ND HOUR OF DEATH	
Type or Print)	R- L	· · · · · · · · · · · · · · · · · · ·	2. DATE AL		11.
	NEatr	ICE Vordar	7	8-25-6	6 1.201
B. PLACE OF DEATH IN	BALTIMORE, MAR	RYLAND	4. USUAL RESIDENCE (Whe		stitution; residence before admis
		4	Manie	1 . ()	12-01
FULL NAME OF HOSPITAL OR	oddress or location	or institution, give street	1/2/4	ana	
INSTITUTION			C. CITY OR TOWN	/ .	URAL and give township)
4			1) a 1t	Imore	~2/230.
- 11 x	17.	1 11	D. STREET ADDRESS	iviol, give tocotion)	2
South B	w. Hilmar	EGENERA! HO	osp 12/2 (1)	, Crass	57.
SEX 6. RAC	E	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr If Under 24
E 1	/ -10	WIDOWED, DIVORCED (specify	y) 1 0 1-	lost birthdoyl	Months Doys Hours Mi
1. 11	E910	Div.	1-0-12	34	
OA. USUAL OCCUPATIO	N Go kind of work	10B, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or fore	ign country!	12. CITIZEN OF WHAT COUNTRY?
one during most of working	life, even if relifed)		12 17.	· · · · ·	WHAT COUNTRY!
0			Daltimo	PE, IVIA.	
3. FATHER'S NAME		, ,	14. MOTHER'S MAIDEN NA	ME	
1	. /	and anten	and the second second		
Was Dans 401	in ha	neastel	17 INCOMA ANT		ADDOTEC
5. Was Deceased Ever in (es, no or unknown) (If yes	s, give won or date:	s of service) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			In Udalk	Lenual	Thursd Ih.
/10		CALL	SE OF DEATH .	central	
100400	1 '	CAO	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DIR	ECTLY	managalla	Til	. 7
LEAD	ING TO DEATH	(A)	11 apring sect	, ellowy	14.
(This does not me				U	
heart failure, asther					
injury or complication	on which coused	deoth.)			
injury or complication)	~~~~	
injury or complication ANTEC DISEASES OR CO	on which coused EDENT CAUSES ONDITIONS, if a	deoth.) (B) DUE TO			
ANTEC DISEASES OR CO	on which coused EDENT CAUSES ONDITIONS, if over couse (A)	deoth.) (B) DUE TO)		
ANTEC	on which coused EDENT CAUSES ONDITIONS, if over couse (A)	deoth.) (B) DUE TO			
DISEASES OR CO	on which coused EDENT CAUSES ONDITIONS, if over couse (A)	deoth.) (B) DUE TO			
DISEASES OR CO	on which coused CEDENT CAUSES DNDITIONS, if a vecouse (A) NDITION loss.	deoth.) (B) DUE TO ony, giving stofing the (C) ONTRIBUTING			
DISEASES OR COUNTRY OF THE PROPERTY OF THE PRO	on which coused CEDENT CAUSES DINDITIONS, if over couse (A) NDITION lost. I T CONDITIONS CO	deoth.) (B) DUE TO ONY, giving stofing the (C) ONTRIBUTING STED TO THE			
OTHER SIGNIFICANTO TO THE DEATH DISEASE OR CONDUCTOR OF THE DI	on which coused CEDENT CAUSES ONDITIONS, if of verence (A) NDITION lost. I CONDITIONS COURT TOO RELATION CAUSING ITON CAUSING ITON TOO ITON CONTINUE CONTIN	deoth.) (B) DUE TO ONY, giving stofing the (C) ONTRIBUTING (TED TO THE T. DITION FOR WHICH OPERATION		o) 20B, IF YES, WERE F	INDINGS CONSIDERED
OTHER SIGNIFICANTO TO THE DEATH DISEASE OR CONDUCTOR OF THE DI	on which coused CEDENT CAUSES CONDITIONS, if over couse (A) NDITION lost. 1 T CONDITIONS CO BUT NOT RELA- ITION CAUSING IT	deoth.) (B) DUE TO ONY, giving stofing the (C) ONTRIBUTING (TED TO THE T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		INDINGS CONSIDERED
OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND UNDERLYING COM OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	CEDENT CAUSES CONDITIONS, if over couse (A) NDITION lost. I T CONDITIONS COUST NOT RELATION CAUSING IT ATION 198. CONING WAS PERF	deoth.) (B) DUE TO ONY, giving stofing the (C) ONTRIBUTING LIED TO THE T. DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or N.	ol 208. IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED
OTHER SIGNIFICANTO TO THE DEATH DISEASE OR CONTRIBUTING	DITION INTO CAUSE OF WAS PERF	deoth.) (B) DUE TO ONY, giving stoffing The (C) ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (home, form, foctory, stre	20 A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED
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VS 150-REV, 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

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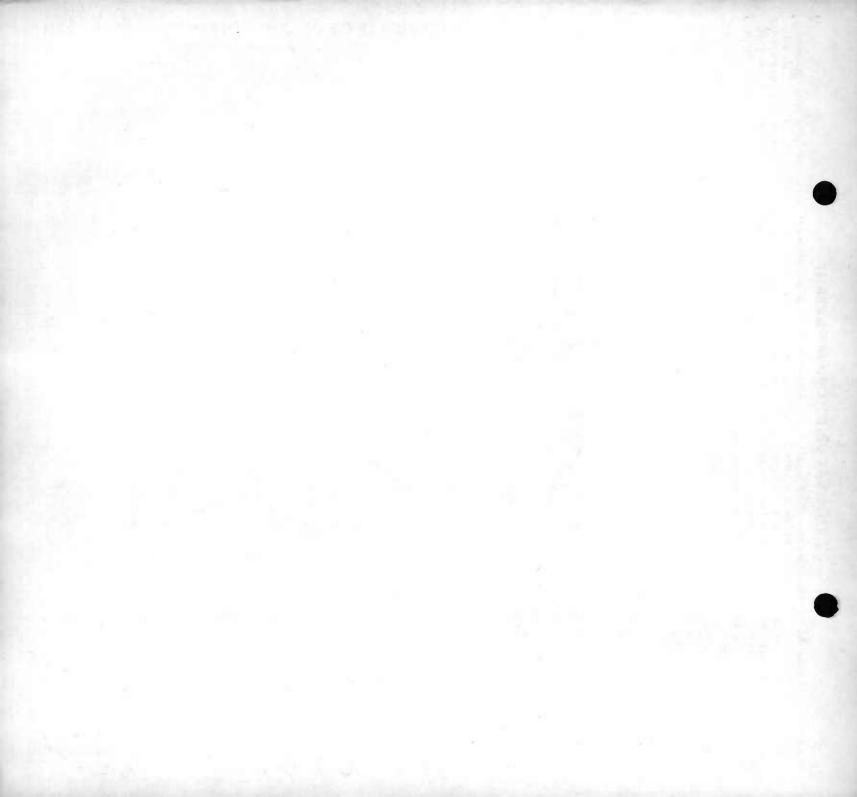
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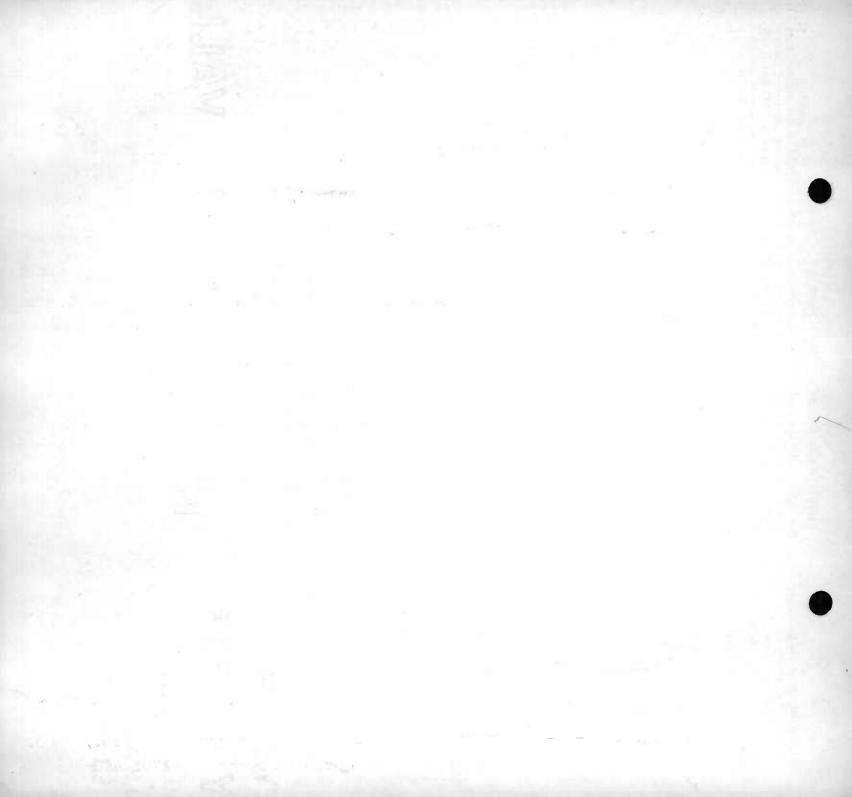
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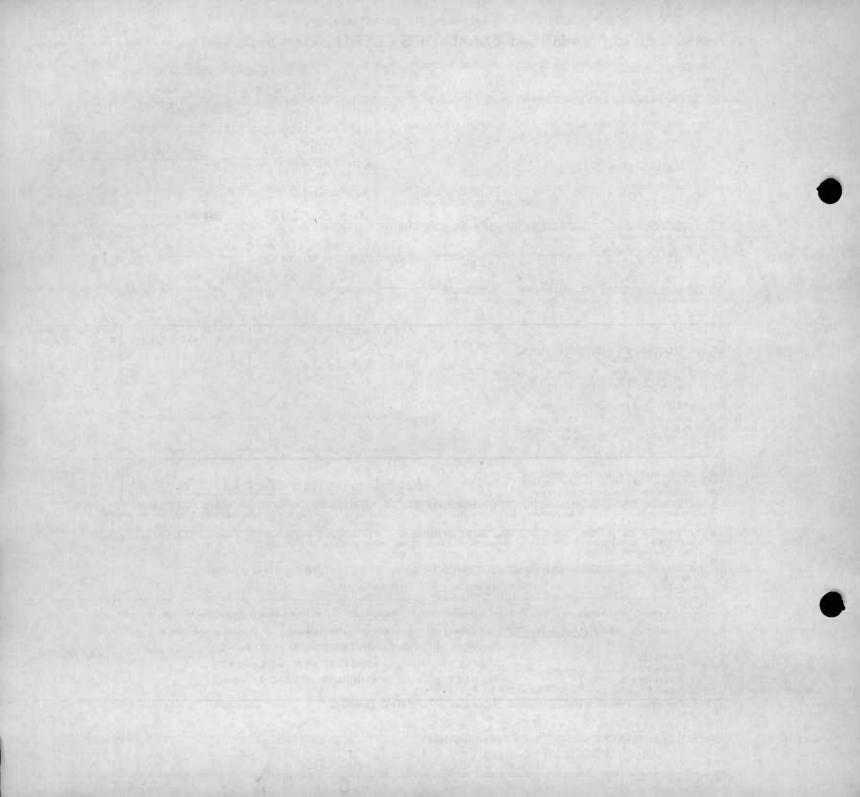
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		A. STATE 8. COUNT	Υ	
FULL NAME OF (If not in hospital or institution	n, give street	MARYLANZ		
HOSPITAL OR oddress or to cotion)		C. CITY OR TOWN (If outs	ide city limits, write R	JRAL ond give township)
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that (1) (we) last saw the deceased alive on	Λ	14. 119 6 6 and that	r in(my) (aur) apin	ian death accurred an the d
and have and from the causes stated above.	(I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
- Holder) M.D. A	hys. Med. S	toff hys.	8-27-66
22C BHYCICIANES	P		hys.	7-04
NAME (Type) CPANCISCO	SAENZ	SINAI 1-10 SPI	700/	. Chusicia
7-1011111	M.I	D. 3/1/1/ /400	5/11/	physician
	NAME of CEMETERY of C	REMATORY 24D. LO	CATION (City	, town, or county) (State)
REMOVAL (Specify)	1-6-1-1	100 (11)	1	MI
D4KIAH 0-31-08 H	104143	IEM LIC. HI	rb4/us	ria.
SA. DATE REC'D BY HEALTH DEPT. 258. NAME	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 29 1966 12 02 1	A. S. S. C. Wallet	1 PORTONI - Ly	12/1 /70/	LAURENS 51
S 150-REV. 1/1/65				



VS 150-REV, 1/1/65



1	66 08706 BALTIMORE CITY HEA	ALTH DEPARTMENT	2 00000
P-367	BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.	0 08/06
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD	
	(Type or Print) EDWARD PETERSO		7:35 A AA
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: reside	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and	give territorie)
	HOSPITAL OR ADDRESS OR LOCATION)	Baltimore 20	
0	Baltimore City Jail	D. STREET ADDRESS (If rural, give lacotion)	-
70		1908 Saratoga Street	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Manths, D	Yr. If Under 24 Hrs.
	Male Negro Sep.	Jan 5, 1928 38	OF
	dane during mast of warking life, even if retired)		COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	77-
	Joshua Peterson	EVA Brown	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
	No	NANCY reterson 32211	NESTMONT.
	0000		NTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ACUL	e Tracheobronchitis.	
	(This does not meen the mode of dying, e.g., DUE TO head foilure, osthenio, etc. It means the disease, injury or complication which coused death.)		IM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Arte-	riosclerotic Heart Disease.	
	DISEASE OF CONDITION CAUSING IT.	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS COI	NSIDERED
	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEA	
	ZIA. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- 218. PLACE OF INJURY (e.g., home, form, foctory, street,	, in or about 21C. WHERE DID (If in Boltimore City, give exact lace office bldg., NJURY OCCUR?	
	UNDERLYING OR CONTRIB-		
	OF INJURY	21F. HOW DID INJURY OCCUR?	
	m, WORK AT V	WORK L.	
	I certify that I held an Inquiry I Inspection A	utopsy X and that on this basis, death in my apinion	
	resulted fram: Natural causes X Acciden Suici	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	
	SIGNATURE (Charles) at M.	· · · · · · · · · · · · · · · · · · ·	DATE SIGNED
	EVAMINED'S	ASSOCIATE MEDICAL EXAMINER 8/2	25/66
	NAME (Type) Charles S. Petty, M.D.	or CREMATORY 23D. LOCATION (City, town, or con	unty) (State)
	REMOVAL (Specify) 8-30-66 ARVER	2 LAYRE!	Md.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR		DRESS
	AUG 29 1966 Robert E. Farluna	MORTON + DueTT 1701 LAUI	RENS ST.
	VS 151-REV. 1/1/65	0 0 7 0 0	



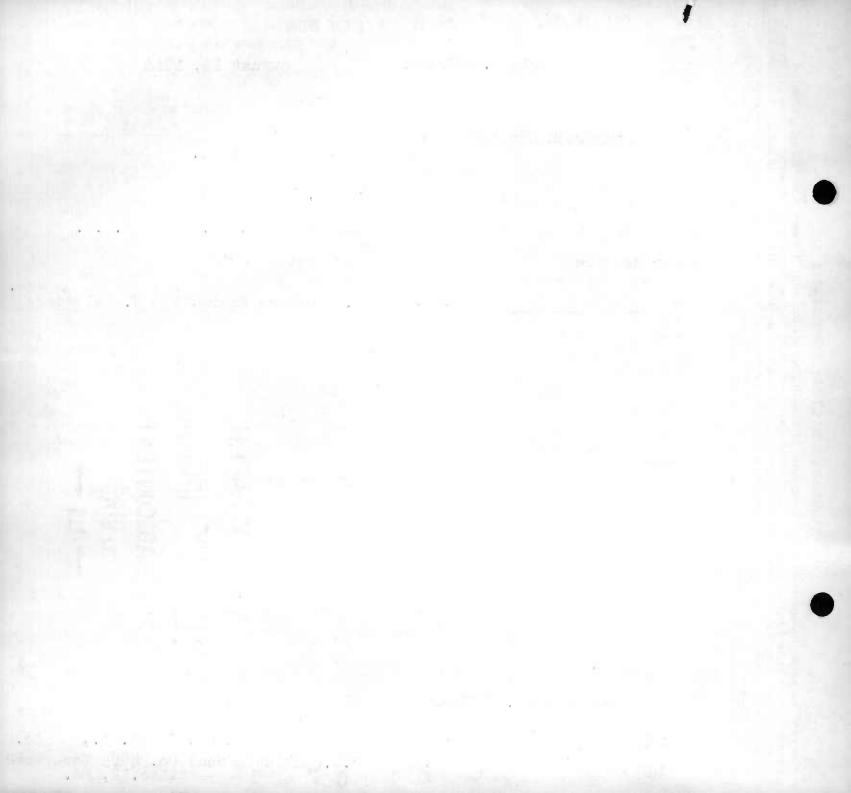
IMPORTANI

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



burns; (3)

any nature; (2) Body

shows: (1) An accident of certificate must be

to the hospital

M.	TH NO. 66 08/08 E. CASE NO. NAME OF DECEASED		CERTIFICA	TE OF DEATH	Registered No.	66 08/08
	pe or Print)	ala I m a	C DICIONALA			
3.	Mrs. Jose PLACE OF DEATH IN BALTIMORE, MA		S. DiGiorgio	4. USUAL RESIDENCE (V		6:15 P.M. astitution; residence before odmission)
	FULL NAME OF (If not in hospital	or institution,	give street	Maryland	21218	
	INSTITUTION The Seton P 6420 Reiste	sychiat	ric Institute	Baltimore D. STREET ADDRESS	f outside city timits, write,	BURAL and give township)
1	Baltimore,			3808 Fenchu	The second second	
1	SEX 6. RACE Female White	7. MARRIED	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH 11/12.1874	9, AGE (In years lost birthday)	If Under 1 Yr, Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work				foreign country)	12. CITIZEN OF WHAT COUNTRY?
doi	Housewife	Own	Home	Sicily, Ital	lv	U.S.A.
13.	FATHER'S NAME	01122	110110	14. MOTHERS MAIDEN		3 4 2 4 1 1
M	r.Joseph Messina			Concetta Cat	alano	
15.	Was Deceased Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	No No vinknown) (If yes, give wor or dote	s of service)	SECURITY NO.	The Seton Psy	chiatric Inst	itute, Balto., Md.
	DISEASE OR CONDITION DIR	ECTLY	CAUSE O			ONSET AND DEATH
	(This does not mean the made of		DUE TO	oronary Infar		24 hours
١.	heart failure, asthenia, etc. It means injury ar camplication which caused		C	oronary Sclero	sis	About 5 years
	ANTECEDENT CAUSES		(B) H	ypertensive va	ascular diseas	se 10 years
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.			hronic urinary nfection	/ tract	3 years
ATION	OTHER SIGNIFICANT CONDITIONS COORDINATED TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I	TED TO TH	cerebral	rain syndrome arterioscleros reaction.		ith
CERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR	WHICH OPERATION	NO NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CALCI	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 E hor etc	RPLACE OF INJURY (e.g., ine, torm, foctory, street, of	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI	D (If in Boltimos	re City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year)	WI	. INJURY OCCURRED	e 🗀	INJURY OCCUR?	
		W			19 45 to Au	igust 26, 19 66
	22. I certify that (1) (this hospital that (1) (we) last saw the decease) ottended (d olive on	August 26.	19 66 one		inion deoth accurred on the date
	ond haur ond from the couses stor	ed obove. (1) (We) (did) (did not) v	riew the body after dea	ith.	
	23A. SIGNATURE (L	Jahn	And M.D. Atte	ending Med.	Stoft Phys.	August 26, 1966
	23C. PHYSICIAN'S NAME (Type) Walter	0. Jah	VIV	23D. ADDRESS		ltimore, Md., 21215

8/30 Burial 25A. DATE TEST

1966 1258. NAME New Cathedral

24C. NAME of CEMETERY OF CREMATORY

Baltimore

25C. FUNERAL DIRECTOR

H.W. Jenkins & Son

24D. LOCATION

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

Co124 Sons Bal

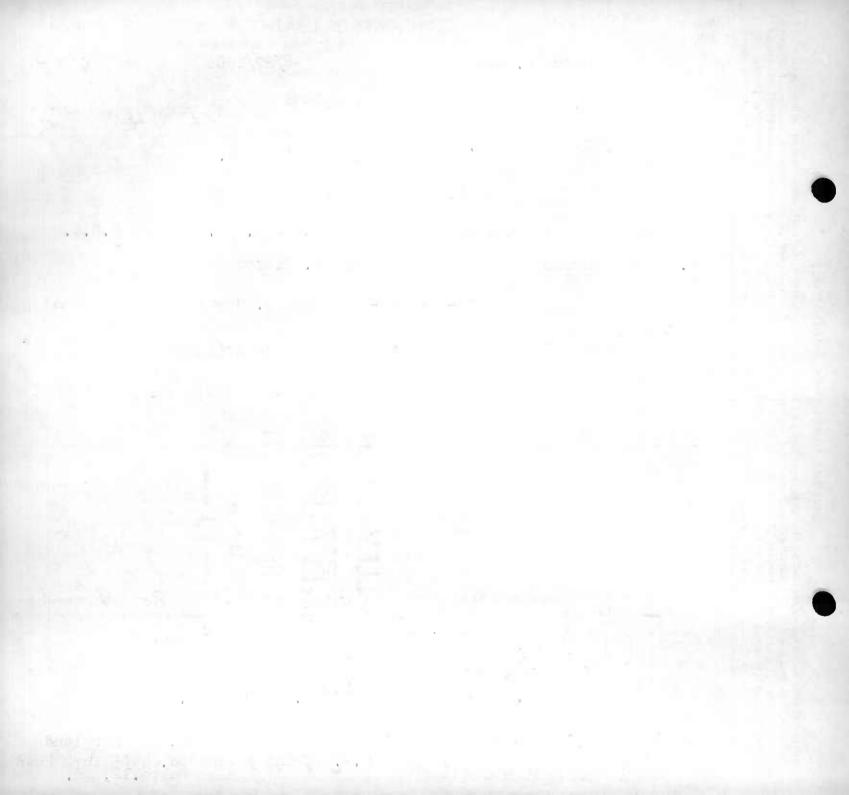
(City, town, or county)

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DIRECTOR:

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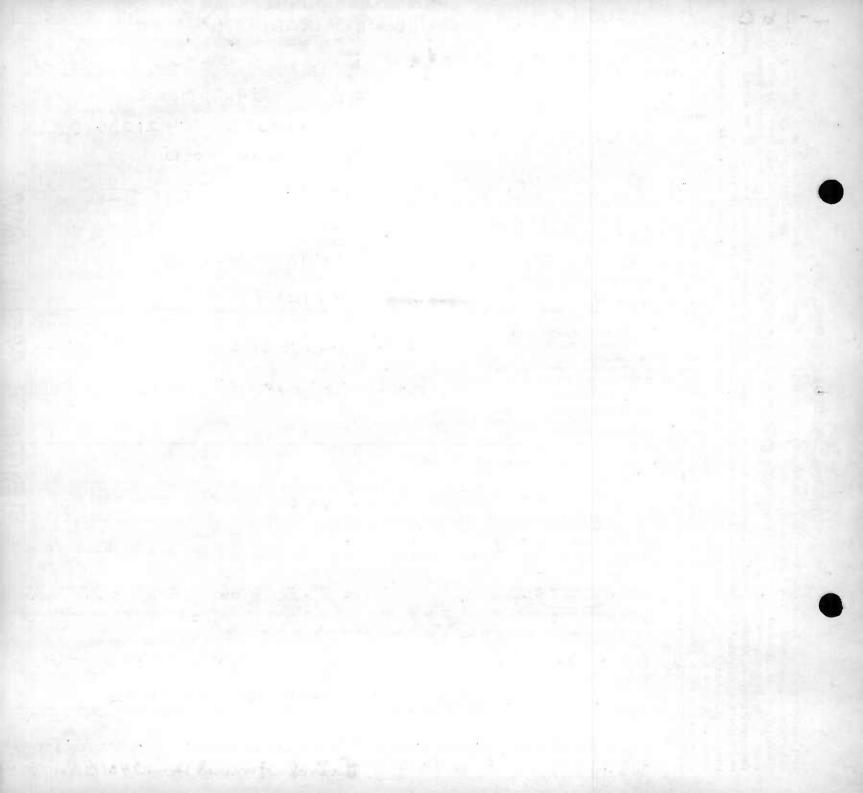
DIRECTOR:

FUNERAL

(J) H THE THE WALLE SELECTED THE TELEST AND A SELECT AND

NAME OF DEC					AND HOUR OF DEAT	
ype or Print)		Kreiner			28, 1966	10.30 A
PLACE OF DE	ATH IN BALTIMORE, MAR	RYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceosed lived. If OUNTY	f institution: residence before admis
FULL NAME C	OF (If not in hospital a	or institution, giv	re street	Md.		
HOSPITAL OR	address or location)		C. CITY OR TOWN (IF	outside city limits, writ	te RNRAL and give township)
7	4114 For	ds Lane		Baltimore		JU 31
					(If rural, give location)	
				4114 Ford		
SEX	6. RACE		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Mi
Female	Caucasian	Marri		Aug. 19, 188	59 (1	
	UPATION (Give kind of work working life, even if retired)	108. KIND OF B	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ewife	At	Home	Harpers Ferr	y, West Va.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	George	H. Staub	os			Kelly
5. Was Deceased	Ever in U. S. Armed Ford	ces?	6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknowr	(If yes, give wor or dates	s of service)	SECURITY NO.		l Kreiner.	4112 Fords Lane
no			none		,	
18. 4	20.1120	OUX	CAUSE O	PEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY	Λ	C+: M C	1151	1
(This does -	LEADING TO DEATH	duine an	(A) /T	Cute Mys Ca	ra(1)/1/1/	cton 5 min
	asthenia, etc. 11 means		DOE 10			
heart failure, injury ar can	asthenia, etc. 11 means nplication which caused	the disease,	DOE 10			
heart failure, injury ar can	asthenia, etc. 11 means	the disease,	DOE 10			
heart failure, injury ar can	asthenia, elc. II means nplicalian which caused ANTECEDENT CAUSES OR CONDITIONS, if a	the disease, death.)	DOE 10			
heart failure, injury or can DISEASES (rise to th	asthenia, etc. It means nplication which caused ANTECEDENT CAUSES	the disease, death.)	DOE 10	hemic Hear		
heart failure, injury or can DISEASES (rise to th	asthenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.	the disease, death.)	DOE 10			
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DISEASES (rise la lh UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF CONTRIBU	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. IFICANT CONDITIONS COMMENT OF THE CONDITION CAUSING IT FOREATION 19B. CONING THE CONDITION CAUSING IT FOREATION 19B. CONING THE CONDITION CAUSING THE CONTROL CAUSE CONTROL CAUSE CONTROL CAUSE CAUSE CONTROL CAUSE CAUS	the disease, death.) any, giving stating the ONTRIBUTING TED TO THE T. DITION FOR WITONMED 218. Phome. etc.)	(B) ISC DUE TO (C) G(h) PICH OPERATION LACE OF INJURY (e.g., i	hemic Head Fralised Arles Letes Me 20A. AUTOPSY? (Yes or n or obout 21C. WHERE DIE ffice bidg., INJURY OCCUR	L DISEASE TIUS CLE YUS L.S IN OF 18 THE SE WEF IN CERTIFYING	PRE FINDINGS CONSIDERED CAUSES OF DEATH?
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DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.) 21. I certify that (I) (we) and hour an	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. IFICANT CONDITIONS COMMENT OF CAUSING IT FOR ATION TO THE CONDITION CAUSE OF THE CA	the disease, death.) any, giving stating the CONTRIBUTING TED TO THE T. DITION FOR WITCOMMED 218. Phome, etc.) (Hour) 21E. f White Work) attended the dalive an	(B) ISC DUE TO (C) G (N) HICH OPERATION LACE OF INJURY (e.g., if form, foctory, street, of the complete of	hemic Hill Artalised Arles Letes Me 20A. AUTOPSY? (Yes or 1216. HOW DID 1216	INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location) 19 ppinian death accurred an the
DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.) 21. I certify that (I) (we) and hour an	asthenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION for a condition of the cond	the disease, death.) any, giving stating the CONTRIBUTING TED TO THE T. DITION FOR WITCOMMED 218. Phome, etc.) (Hour) 21E. f White Work) attended the dalive an	(B) LSC DUE TO (C) G (h) C) G (hemic Hina Artalised Arles Letes Me 20 A. AUTOPSY? (Yes or 10 A. AUTOPSY? (Yes or 21 F. HOW DID 21 F. HOW	INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location) 19 appinian death accurred an the
DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR CONTRIBUTION (APPROX.) 21.A. ACCIDE OF CONTRIBUTION (APPROX.) 22. I certify that (I) (we) and hour an 23A. SIGNATURE)	asthenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING 17 FOPERATION 198. CONDITION CAUSING 17 (Month) (Day) (Year) That (I) (this hospital) last saw the decease of fram the causes stated the cause stated the causes stated the causes stated the cause stated the causes stated the cause stated the causes stated the cause stated the causes stated the caus	the disease, death.) any, giving stating the ONTRIBUTING TED TO THE T. DITION FOR WIORMED (Hour) 21E, t White Wark) attended the d alive an ed abave. (1)	DIE TO (C) G (h) D(A) HICH OPERATION LACE OF INJURY (e.g., if form, foctory, street, of the complete of	hemic Hina Lotes Me 20A. AUTOPSY? (Yes or 10 or obout 21C. WHERE DID 11 ffice bidg., INJURY OCCUR 21F. HOW DID 12 Id mat affine 21 d ma	No) 20B. IF YES, WEI IN CERTIFYING (If in Boltin Phat in (my) (Out) of the Stoff Phys.	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location) 19 238. DATE SIGNED 8 - 29 - 6
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BALTIMORE CITY HEALTH DEPARTMENT



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FUNERAL DIRECTOR:

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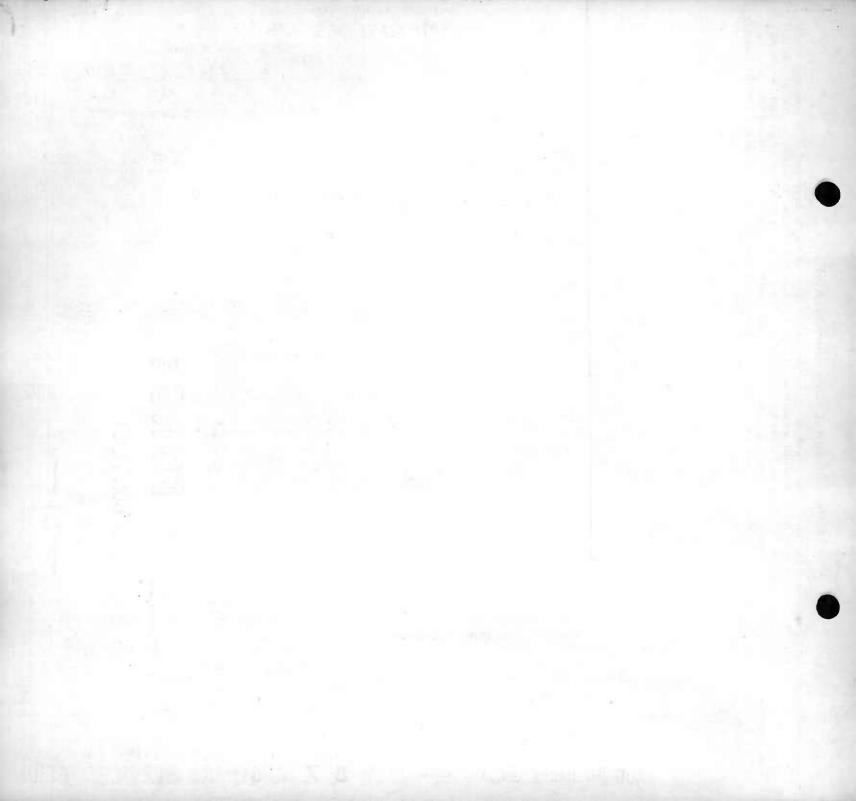
BALTIMORE CITY HEALTH DEPARTMENT

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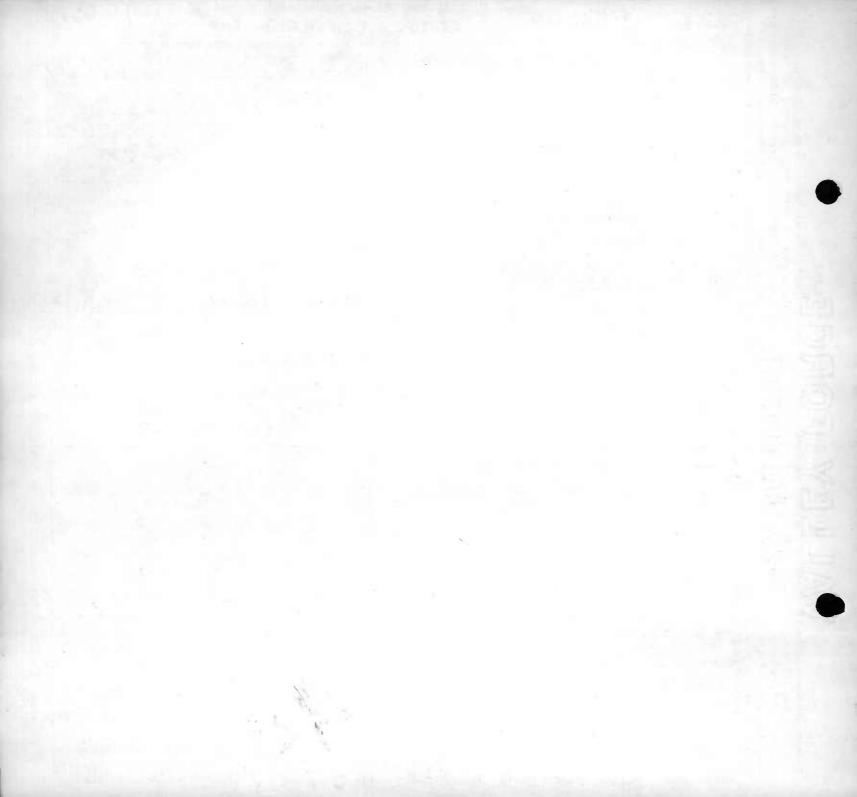
BALTIMORE	CITY	HEALTH	DEPARTMENT	

CC OCTAR

BIRTH NO.	66 08719	ł	CERTIFICA	TE OF DI	EATH	Registered No.	00	00/14
N.E. CASE NO.	CEASED				2. DATE AND	HOUR OF DEATH		
Type or Print)	10R/ S	tone			8.	-19-66	1	4:50 P
PLACE OF D	EATH IN BALTIMORE, MARY	LAND		4. USUAL RESID	B. COUNT	deceased lived. If in	stitution: residen	ce before odmission
FULL NAME HOSPITAL OR INSTITUTION	4940 EASTERN	AVENUE AVENUE	street	C. CITY OR TOY D. STREET ADD	yland Wh outs timexe	ide city limits, write l	RURAL and give	township)
(Bal	timone, Md	, #2:	1224	1636	Ced	Idox 5	+	21226
. sex	6. RACE White	MARRIED, NEW WIDOWED, DI	VORCED (specify)	B. DATE OF BIRT	H 9	AGE (In years st birthday)	If Under 1 Yr Months Doys	If Under 24 Hrs Hours Min.
	CUPATION (Give kind of work) of working life, even if retired)	OB, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE POLAND	(State or foreig	n country)	12. CITIZEN C	
3. FATHER'S NA	AME			14. MOTHER'S A	AAIDEN NAM	E		
5. Was Decease (es, no or unknow	ed Ever in U. S. Armed Force vn)(If yes, give war or dotes	of service)	SOCIAL SECURITY NO.	17. INFORMANT			ADD	DRESS
				RECORDS	: BCH Z	940 EASTER	N AVE. #	21224
18. 7 /	3 XI		CAUSE O	FDEATH				T AND DEATH
DISEA	ASE OR CONDITION DIRE	CTLY					Olta	1
(This door	LEADING TO DEATH	duine en	(A)	neuman	-		2	weeks
	nat mean the made of a e, asthenia, etc. It means t		DUETO				4.0	
	amplication which caused o		1	1	~	11/1-	4 1	-//
	ANTECEDENT CAUSES		(B) DUE TO	unney	(NOCA	Infect	an d	mende
DISEASES	OR CONDITIONS, if an	ny, giving	001.10	1 1	10	+ +		
	he abave cause (A) :	slaling the	(C) Ju	feeled	Na.	cululi.		year
ONDERLIN	AG CONDITION Idsi.			/				/
E TO THE	II NIFICANT CONDITIONS CO DEATH BUT NOT RELAT R CONDITION CAUSING IT.	ED TO THE	Mu	the le	CV	A 's		
	OF OPERATION 198. COND. WAS PERFO		CH OPERATION	NO NO	Y? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON USES OF DEAT	ISIDERED H?
_ OR CONTRIE	ENT WAS UNDERLYING DEUTING CAUSE OF	21B, PLA home, fi etc.)	CE OF INJURY (e.g., in arm, factory, street, of	fice bldg., INJURY	HERE DID OCCUR?	(If in Boltimore	e City, give exa	ct location)
☐ 21D. TIME	(Month) (Day) (Year)	(Hour) 21E, INJ	URY OCCURRED	21 F. HC	DENI DID MO	RY OCCUR?		
(APPROX.)		While A						
		Work	At Work				6 16	
	y that (this hospital)							19.6.6
that (I) (we	e) last saw the deceased	alive an	8-19	19.66	ond tha	in() (aur) api	nion deoth oc	curred on the do
and hour o	nd from the causes state	d obove. & (W	e) (did) (did 1101) v	iew the body o	fter death.			1 1
23A. SIGNAT	TORE	1	1				23 B. DATE SIC	SNED
1	11/19	12	M.D. Alle	ending N	Ned.	toff hys.	8-1	9-66
23C. PHYSICI	IAN'S	Fire	40-41	23D. ADDRESS		11y 3.	,	, 00
23C. PHYSICI NAME	(Type)DR. RICHARD	BISHOP		1010 =	· Company	TYLINATUR Har-		
			M.D.	4940 8	ASTERN A	VENUE #212	240 VIII	ND
24A. BURIAL CR REMOVAL	(Specify)		of CEMETERY or CRE	W W TO BY TO IN	24D LO	CATION UT 119	The following of deal	(Stote)
	8/24/6	ما د	III Jato	UNIVED	CITY N	TEDICAL	CCHOOL	
25A. DATE REC'		SB. NAME OF R		25C. FUNERA	L DIRECTOR	HEUILAL	SCHOO!	DDRESS
	AUG 3 0 1966	0 0 865	. Falley His	0 0 7	MOR	THARV C	EDVICE	- RCHI
/S 150-REV, 1/1		Ula Credit		10/	3LUI	TUAILI 3	LAYLI	- DOIL
S IJUTKEY, I/I	7 00							



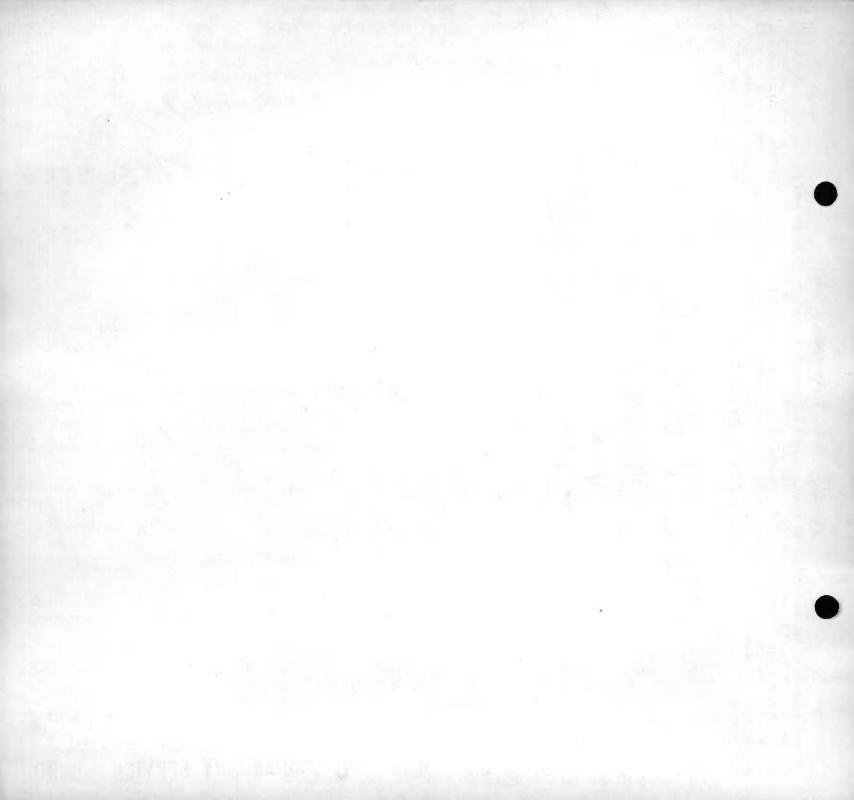
CC 08715	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 08715
BIRTH NO. 66 U8715	CERTIFICA	ATE OF DEATH	Registered No.	00 00/10
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) BEAMHW, JMR	JOHN O	. 7	3-66	18:40 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If instil TY	ulion: residence before admission
FULL NAME OF (If not in hospital or institution, oddress or location) INSTITUTION	give street	C. CITY OR TOWN (If of	IFAWD side city limits, write RUI	RAL and give township)
-CHURCH HOME & HO	/	D. STREET ADDRESS (III	more	5-01
BALTO, MARY FAN	D		Il Eder	57:
M NEGRO WIDOWE	D, DIVORCED (specify)	7-31-22	CFCL	If Under 1 Yr. If Under 24 H Aonths Doys Hours Min.
OA. USUAL OCCUPATION (Giverkind of work 108, KIND Of done during most of working life, even if retired)	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn county)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
JOHN H. BEAMAN	>		Hu66.	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service)	SECURITY NO.	ERAM &	renes	ADDRESS AT SQU (+4)
18. 443XI	CAUSE	OF DEATH	111111111111111111111111111111111111111	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Ch	PROTACAR	eest	minutes
(This does not mean the made of dying, e.g. heart failure, osthenia, etc. It means the disease	, DUE TO	PSPIRATI	ON	
injury or camplication which caused death.)	P	henononois	2 mitte	GALC
ANTECEDENT CAUSES	DUE TO	SEPHICE MIN	- VIEBSIEL	NA .
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	NEUMONIA SEPTECE MA	ORGANIS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21	me, form, foctory, street,	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
S OF INJURY	E. INJURY OCCURRED hite At Not Whork At Work		URY OCCUR?	
22. I certify that (1) (this hospital) attended	the deceased from	9 - 17 11 19 6 6 and the	966 10	-23 1966
that (I) (we) last sow the deceased alive an	8-23	19 6 and the	ot in (my) (aur) opinio	on death accurred on the d
and hour ond from the causes stated above.	(I) (We) (did) (did nat)	view the body after death.		
23A. SIGNATURE Revaflor	M.D. A	Mending Med. Director	Stoff Phys.	8- 23-60
23C. PHYSICIANS NAME (Type) STORMA PE	N AFLORMO	23D. ADDRESS CHURCH +	tome of HOSP	. BALTO, mc
REMOVAL (Specify) 24B. DATE 24C. N	AME of CEMETERY OF C	REMARINA TUNIZIO.	DEALION D CCIN	town or couply (State
	OF REGISTRAR	UNIVERSITY	MEDICAL	SCHQQL.
236. NAME	A C Farley M.	MORTU	RY SERVI	CF - BCHD
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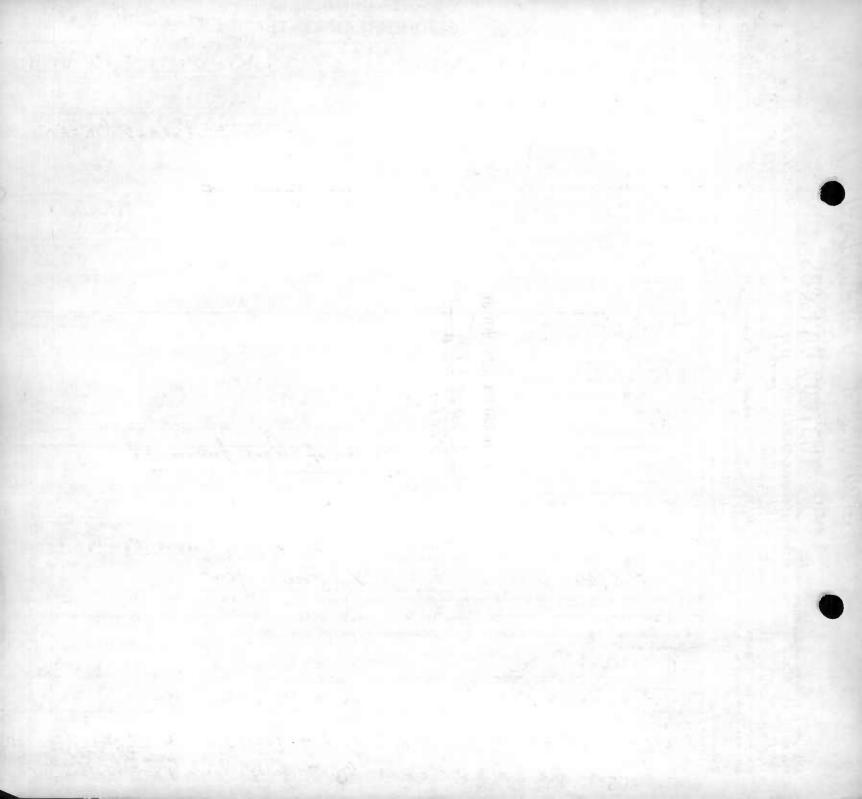
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William St. Co.

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Yes Yes

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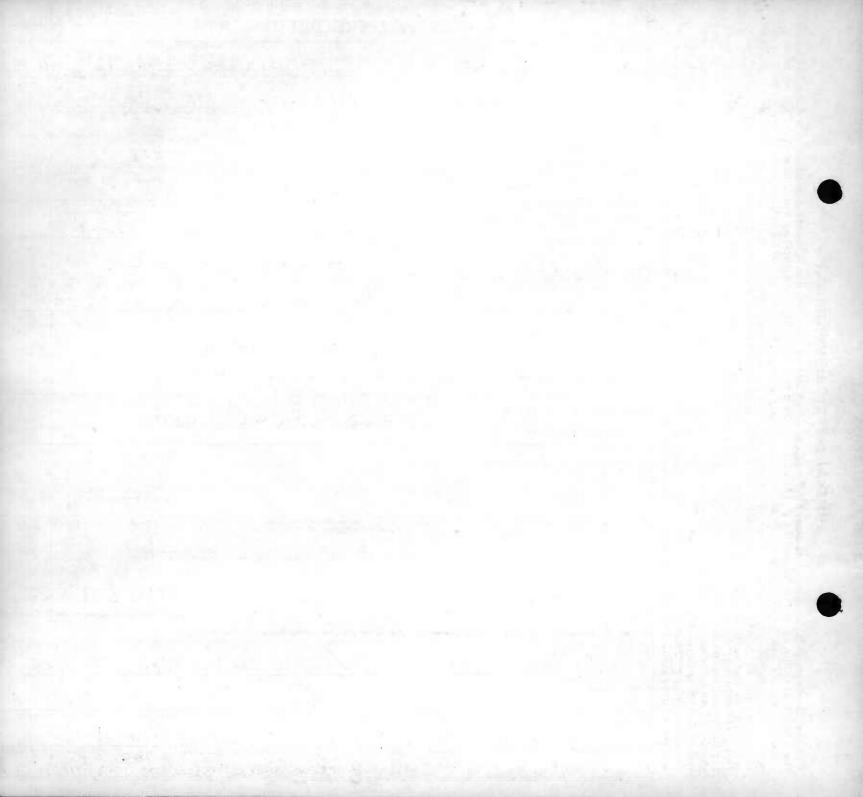
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VS 150-REV. 1/1/65

00 00040	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 08719
BIRTH NO. 66 08719	CERTIFICA	ATE OF DEATH	Registered No.	00 00120
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print)	LEWIS	Aug	28 196	11150
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A, STATE 8. COUNT	deceosed lived. If institu	ption: residence before admissi
		Λ Λ) -	2 1
FULL NAME OF (If not in hospital or instit	ution, give street	C. CITY OR TOWN (If outs)	de city limits, Write ROR	AL ond give township)
INSTITUTION DOL ST FAL	LST.	BALTIMOR		AL OIL GIVE IOWIISIIIP
10 2101 01.140			ol, give location	
		3701 ST	PAUL STR	EET.
	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	Under 1 Yr. If Under 24
F. WHITE	DOWED DIVORCED (specify)	Nov. 29,1883 "	st birthdoy) M	onths Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTR		country) 1	2. CITIZEN OF
done during most of working life, even if retired)		B Ma	0.1	WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	RYLAND	V, 3, M.
O P		1 1/		
HOMAS IT, LEED.			INIA HAL	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	637 C	HESTNUT AV
		MRS. T. DPEAR	TOWSON.	
18.420.01	CAUSE	OF DEATH	70-03010,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	\wedge	~ II no	+	ONSET AND DEATH
LEADING TO DEATH	a Olus	mative Walter	eluo.	
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the di		1 1 1	0 0	**************************************
injury or complication which caused death.		the fullwakery	deud	
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if any,	A A I	e C like	40:	
rise to the obove cause (A) stoling) The (C)	assocative	eyowasi	
AA				-
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIDED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME)		IN CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
DEATH (notify medical examiner)	etc.)	olice oldg., INJOK! OCCOK:		
O 21D- TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
S OF INJURY (APPROX.)	While At Not Wh	ile 🦳		
(AFFROM)	Work At Wark			no sy
22. I certify that (I) (this baspited) atter	0 -	15 years 19		ug 28 1961
that (I) (we) last saw the deceased allv	e on Voling	19.66and that	in(my) (aur) apinio	n death accurred an the
and haur and from the causes stated abo	ove. (I) (Water) (did not)	view the bady after death.		
23A. SIGNATURE			23	B. DATE SIGNED
Williams In Mounte.	M.D. At	tending Med. Single Sin	off ys.	1. 29 19KH
23C. PHYSICIANS	The IV	23D. ADDRESS	000	ug i los
NAME RYPOR	M.D	LAXICED DE	+ (Ap. (H) -	00 10000
24A. BURIAL CREMATION, 124B. DATE	24C, NAME OF CEMETERY OF CH	1 001 31 Cues	ATION CONTRACTOR	UP Med 40
REMOVAL (Specify)	1) ((X)	lown, or county) (Stot
25A. DATE REC'D BY HEALTH DEPT. 258. N			ESVILLE, Y'	HKYCHND
25A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	T	1050 YORK ROI
AUG 30 1966 (1)	to E John Mar	DUM-LOOK - DROC	KS lawson 7	DOUGN MD, 2

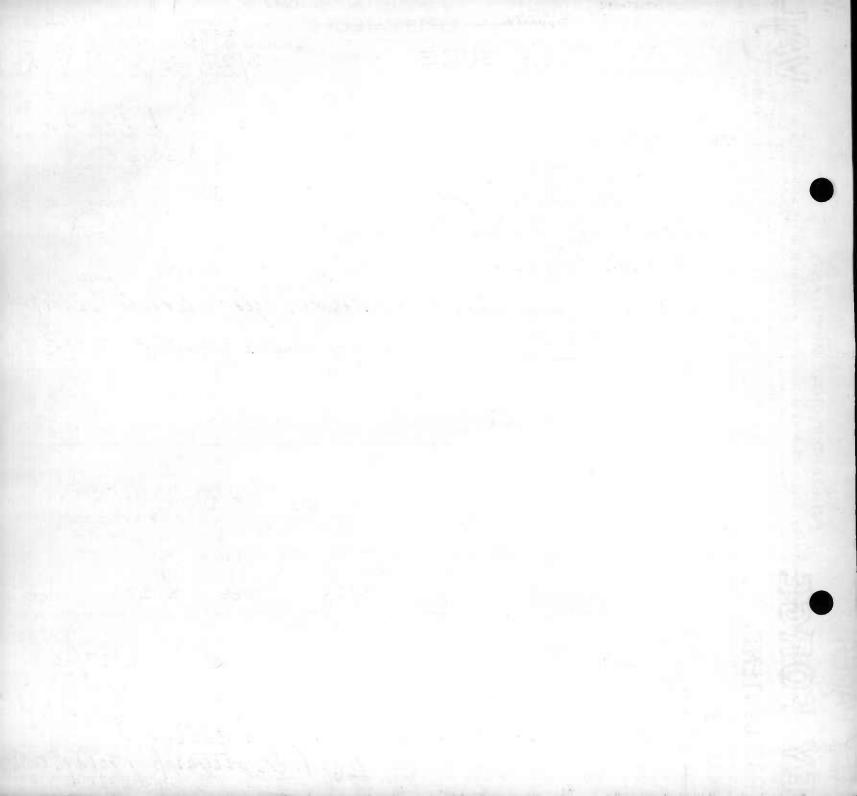


Mil Galtimore Estey Baltimere Lucon Permoteul Huspital Bam 33014 1187 w widowed 11/27/80 85 Margland US House W. Fo Roger Barnerd Berry Elizabeth Thomas Mrs Honord C. Walt Arterio Scheette Cartheyeren Con FOF B Former Hom P. A+ Houng (as listed execut 14 66 MABAM 8/28/21/6 30 8/28 00 Granles W. Olenson . fr. 3/26/8 Dr William P Hornton ___ LEONERAL ELLE, ELLE,

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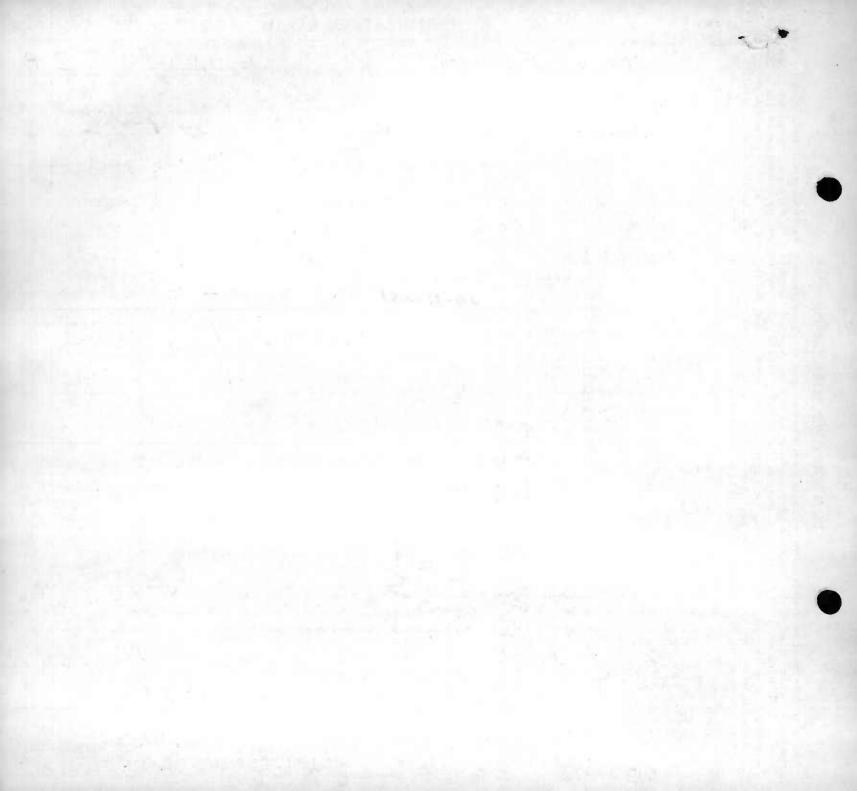
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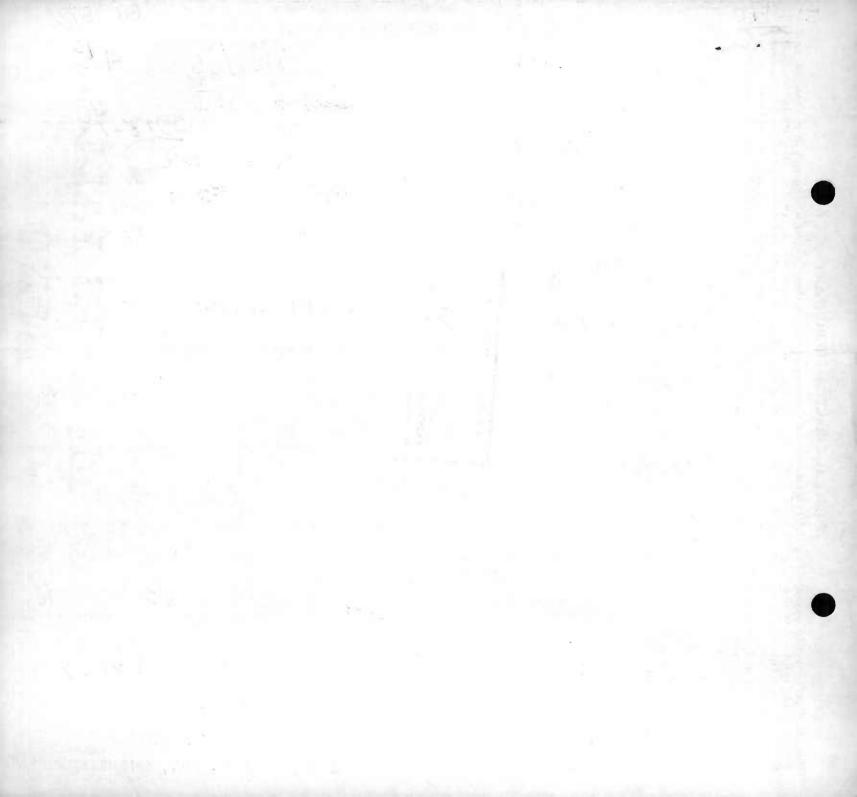


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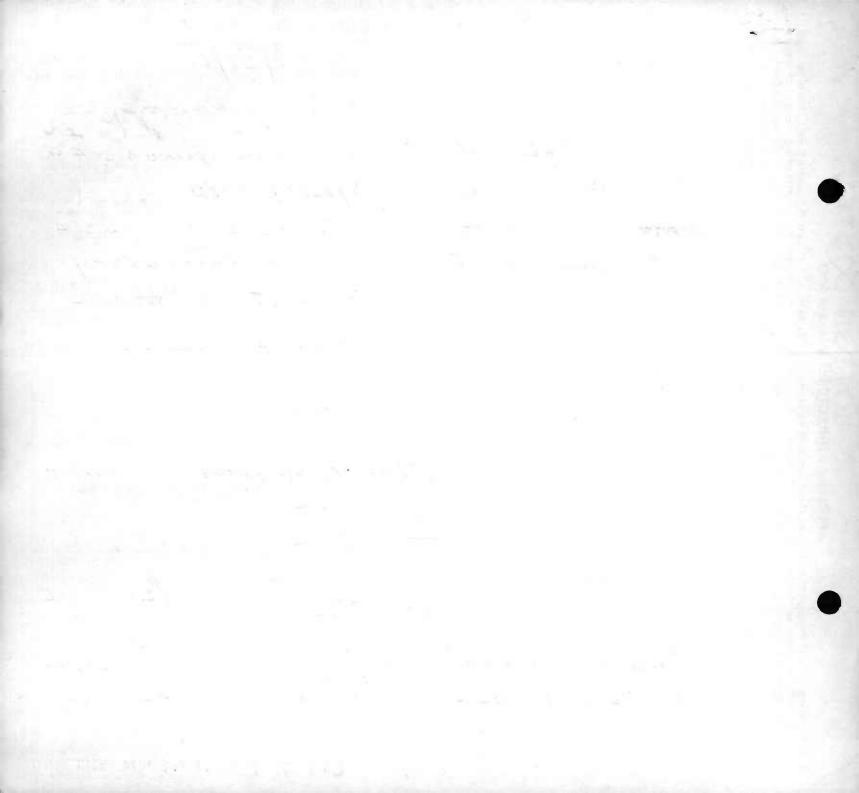
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	LE CASE NO.		OLK III	ICATE OF DE	2. DATE AND HOUR OF DEA	
	ype or Print)	Mornis	FrIEDMAN.			
3.	PLACE OF DE	EATH IN BALTIMORE, M	AARYLAND .	4. USUAL RESID	Sat Aug 27, 196	f institution: residence before od
				A. STATE	ruland	
	HOSPITAL OR		ol or institution, give street ion)	C. CITY OR TO	WN (If outside city limits wri	te RURAL and give township)
	INSTITUTION	I Eulie il	CONVELESANT A	77 17 .4.	imore)	7-16
1	0 .	DEWISH		D. STREET ADD		
				2865 Ed	gecombe Circle,	South
	sex	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe		H 9. AGE (In years lost birthdoy)	Months Doys Hours
			Widower		8 1	
		CUPATION (Give kind of w f working life, even if retired		DUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Tail		Clothing	Lit		USA
13	FATHER'S NA			14. MOTHER'S A		
	Aaro	on Friedman		Gis	sa ?	
1.5 (Y	. Wos Decease	d Ever in U. S. Armed I	orces? 1 6. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS
	. ,	, 55, 5, 5, 6, 6, 6,	218-32-4		rah Kaplan So	ame
	18. / 6	314100		USE OF DEATH		INTERVAL BETWE
	DISEA	SE OR CONDITION		(ance	una of luna	ONSET AND DE
	/This does	LEADING TO DEAT	(A)	- Loon	ma of Juno	1 199
	heart failure	not mean the mode , asthenia, etc. It mea	ns the disease,	10/10	10 4	
	injury or co	mplication which cous		(none	isc unach	12 53mg
	DISEASES	ANTECEDENT CAUS	DUE		• • • • • • • • • • • • • • • • • • • •	
	rise ta II	OR CONDITIONS, if he abave cause (A				
	UNDERLYIN	IG CONDITION last.				
	Z OTHER SICK	II NIFICANT CONDITIONS	CONTRIBUTING			
CILY	TO THE	DEATH BUT NOT RE	LATED TO THE			
0	19A. DATE O	F OPERATION 198. CO	INDITION FOR WHICH OPERATION	N 20A. AUTOPS	Y2 (Yes or No) 208. IF YES, WE	RE FINDINGS CONSIDERED
10.00	19A. DATE O	WASP	ERFORMED	1/0		CAUSES OF DEATH?
	OR CONTRIB	ENT WAS UNDERLYING	21 B. PLACE OF INJUR	Y (e.g., in or obout 21 C. W treet, office bldg., INJURY	HERE DID (If in Boltin OCCUR?	more City, give exact location)
-	DEATH (notif	fy medical examiner	etc.)			
1	OF INJURY	(Month) (Doy) (Yes			OW DID INJURY OCCUR?	
1	(APPROX.)			lot While	.0 /	
	22. I certif	y that (I) (this hospi	attended the deceased from	m Jan	196 510	ing 27 19
	that (I) (we) lost saw the decea	sed alive an aug 7!	196	and that in (my) (our)	opinion death accurred an
			rated above. (1) (We) (did).(did			See A Committee
	23A. SIGNAT			1		23 B. DATE SIGNED
	1.41	111	Pulu M.	D. Attending Phys.	Aed. Stoff Phys.	0/27/6
	23C. PHYSICI		1 1	23D. ADDRESS	0 11	100
	NAME	7. 1.	21/1/1/09	M.D. 2500	Curaw	1/2 ace
2	4A. BURIAL CR	EMATION, 24B. DATE	24C. NAME of CEMETER	OF CREMATORY	24D. LOCATION	(City, town, or county)
	BURIAL		bion buston	don Hanton	D = 0 + 1	11-1-0-1
2		D BY HEALTH DEPT.	6 Riga Kurlan 258. NAME OF REGISTRAR	der Varien	Baltimore,	Maryland
		um 0.0 4000	O CAR & FARWA	A SOL LE	EVINSON & BROS IN	1C. 6010 Reist
,		HIT A U TYPO	(III) G. YUMAN	10107		

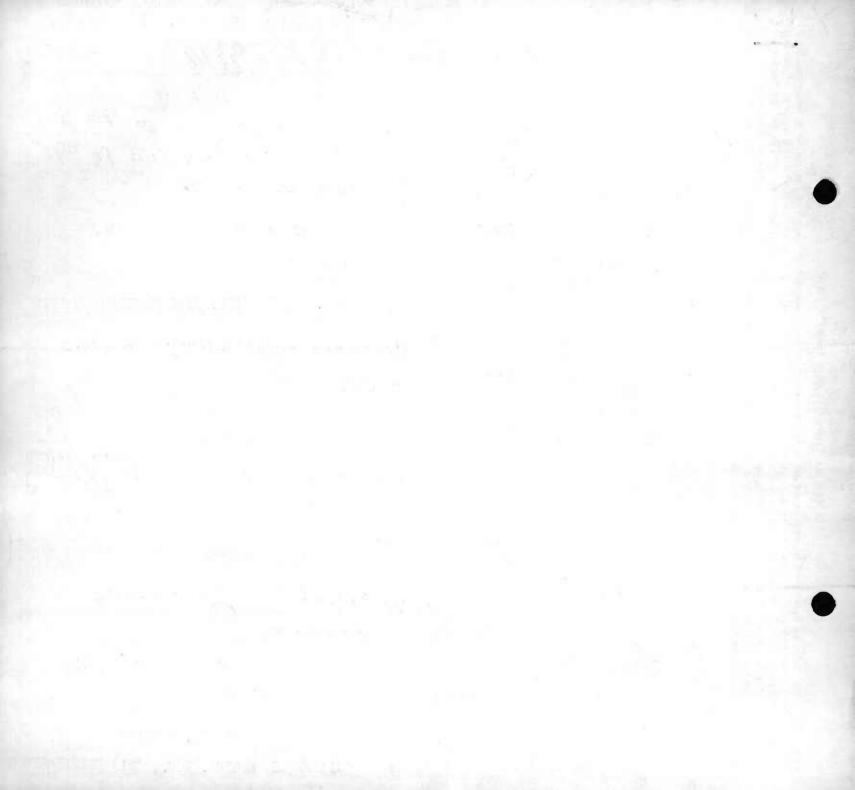


VS 150-REV. 1/1/65



P + 5 9 4 5	BIRTH NO. 66 08725 CERTIFICATE OF DEATH Registered No.	66 08725
of deat Occease on th	1. NAME OF DECEASED (Type or Print) SCHLEIDER MARYLAND 2. DATE AND HOUR OF DEATH (Type or Print) SCHLEIDER MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institute a state of the county) 4. USUAL RESIDENCE (Where deceased lived, If institute a state of the county)	2.10 AMM.
SS (S)	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution, STATE B. COUNTY FULL NAME OF (If not in hospitol or institution, give street)	tian: residence before odmissian)
caus caus ise; (fenda to d	HOSPITAL OR INSTITUTION Oddress or locotion) C. CITY OR TOWN (If outside city limits, write ROR. BALTIMORE	And give township)
ting d cau	SINAI HOSPITAL, BALT., MD 6320 GREENS PRINC	s Sue #9
tribu mine gula sed		Under 1 Yr. If Under 24 Hrs. anths Ooys Hours Min.
ath or condeter in receded	done during most of working life, even if retired)	2. CITIZEN OF WHAT COUNTRY?
if deatlect or 4) Unde was in the deposition	HOUSE AT HOME PUSSIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	W.S. 4
dir dir di (di ath on	Abrahan Weni 3 Sylvia Sclone 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 17. INFORMANT 4320	ON SKY
the the kin kin decent	NO - HUSBOND, ISRAEL	
his a lso, if of any unced tendo	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	So hours
ar at	(This daes not mean the made of dying, e.g., OUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
amine amine A fract /ho pr regula	ANTECEDENT CAUSES (B)	
D X S X G	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) UNDERLYING CONDITION last.	***************************************
medical medical v burns; (sphysician an was in remains)	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DI ABERTS ME 11: TWS	years
chief ry a m Body the plysicia	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at about 21C, WHERE DID (If in Boltimore Cit	INGS CONSIDERED S OF DEATH?
tal by (2) here	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	y, give exoct location)
hospi nature ept w d (6) h	210. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work	
approto to the of any all (except); and be obten	22. I certify that (I) (this haspital) attended the deceased from \$\frac{12}{2}\$ to \$\frac{1966}{2}\$ to \$\frac{1}{2}\$ that (I) (we) lost sow the deceased alive on \$\frac{1}{2}\$ \frac{7}{2}\$ 1966 and that in(my) (our) opinion	19 C
0	ond haur and from the causes stated above. (I) (We) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE	3, DATE SIGNED
2 9 .= .= 0	Eduardo Pardos D M.O. Attending Med. Oirector Phys.	8/28/66
	23C. PHYSICIAN'S NAME (Type) EDUARDO HIDALGO M.O. SINDI HOSPITA 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, to	L, BOLT, MD
F 400 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, to	awn, ar county) (State)
This cert the bod shows: (was D.C decease	BURIAL 8/29/66 BETH TFILOH 25A. DATE REC'D BY HEALTH DEPT. AUG 30 1966 P. D. B.E. Fallow SOLLEVINSON & BROS. INC., 6	ADDRESS 6010 REISTERSTOWN
	VS 150-REV. 1/1/65	

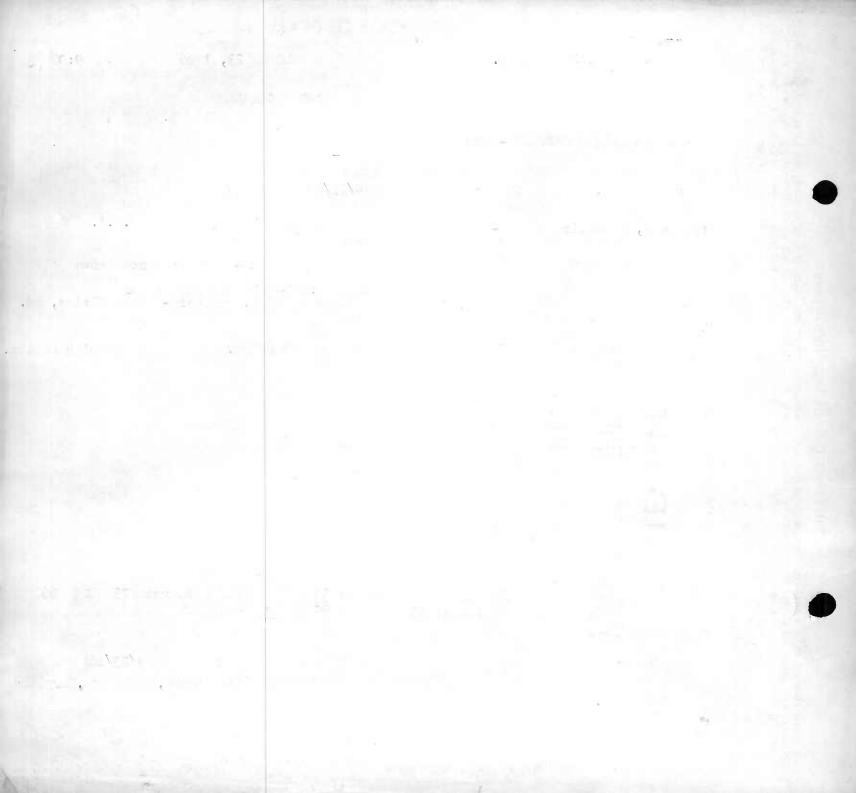


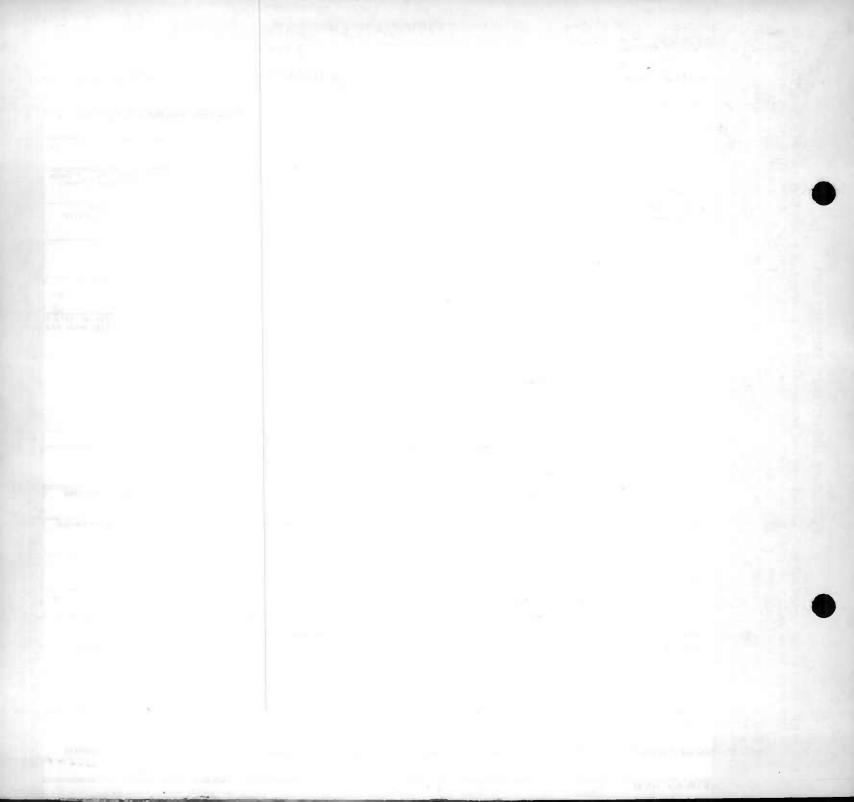


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IMPORTANT **DIRECTOR:** FUNERAL

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 2, CITIZEN OF WHAT COUNTRY? MARTHA - Last name not known ADDRESS Records: BCH-4940 Eastern Avenue WILLIE JOHNSON, brother - White Plains, Md. INTERVAL BETWEEN ONSET AND DEATH About 4 months. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) opinion death accurred on the date 23 B. DATE SIGNED 8/23/66 23D. ADDRESS 4940 Eastern Avenue, Baltimore, Maryland (City, town, or county) VS 150-REV. 1/1/65





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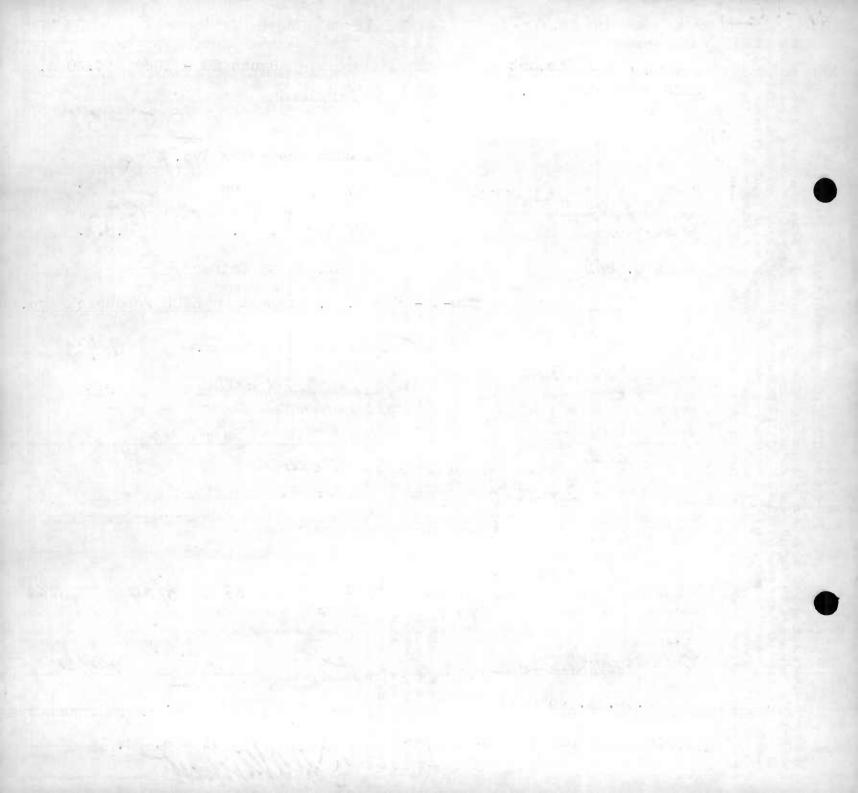
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	00 0000	3.4	BALTIMORE CITY	HEALTH DEPARTMEN		66 08731	
BIR	TH NO. 66 0873	31	CERTIFICA	TE OF DEATH	Registered Na.	00 00/01	
	E. CASE NO. IAME OF DECEASED				AND HOUR OF DEATH		
	no or Printl	Malia	Diamela D.		-	1.44	
3	GILSTER,		, Blanch, De	eale.	8-26-66	stitution: residence before admission)	
3.	TEACE OF DEATH IN BALTIMORE,	MARILAND		A. STATE B. CO	OUNTY	istitution; residence before comission)	
	FULL NAME OF (If not in hosp	nital or institution	n, give street	Maryland			
	HOSPITAL OR oddress or loc				f outside city limits, write	RURAL and give (waship)	
1//	Luiherk	an Hos	p. of Md.	Baltimor	٤ /	5-74	
14	2			D. STREET ADDRESS	(If rurol, give location)		
1				3509 W	indsor MILL	Rd.	
5.	SEX 6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs	
	E W		/ED, DIVORCED (specify)	9-7-93	lost birthdoy)	Months Doys Hours Min.	
103	USUAL OCCUPATION (Give kind of		OF RUSINESS OR INDUSTRY		72	12. CITIZEN OF	
	e during most of working life, even if relia		OF BOSINESS OR INDUSTRI	II. BIRTHILACE (SIBLE OF	Toreign Country)	WHAT COUNTRY?	
	Own Home	0	wn Home	Maryland		USA	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
	George W. Fishe	ar ·		Ida Ebaug	h		
16	Was Deceased Ever in U. S. Armed		1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	s, no or unknown) (If yes, give wor or	dotes of service	SECURITY NO.		M Voot on	- 1	
	NO NO			Beatrice :	M. Tearon	same as 4 D	
	18.		CAUSE O	F DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION	DIRECTLY		. 0		ONSET AND DEATH	
	LEADING TO DEA			1 ch soli	- 1	all sall	
-	(This does not meon the mode	of dying, e.	g., DUE TO	for the	Comel	and the state of the	
	heort failure, asthenia, etc. It me	eons the diseos		1.01-	+ .	1-	
	injury or complication which cau		(2)	led store En	1 skno Vist		
	ANTECEDENT CAU	12E2	DUE TO	All Designations	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	
	DISEASES OR CONDITIONS,			16 2 Luling	metro Perti		
	rise to the above cause UNDERLYING CONDITION lost.		1e (C) 1900	we I form	my Cu	7	
z	OTHER SIGNIFICANT CONDITION	CONTRIBUTE	NG				
TION	TO THE DEATH BUT NOT	RELATED TO					
4	19A. DATE OF OPERATION 19B.		WHICH OPERATION	20 A. AUTOPSY? (Yes o	Noll 208 IE VEC WERE	EINDINGS CONSIDERED	
ERTIFIC		PERFORMED	K WHICH OPERATION	Zon. Autorstrites o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
ER	\sim			162			
0	OR CONTRIBUTING CAUSE OF		1B. PLACE OF INJURY (e.g., in ome, form, factory, street, of	fice bldg., INJURY OCCUI	D (It in Boltimore	e City, give exact location)	
CAL	DEATH (notify medical examiner)		tc.)				
	21 D. TIME (Month) (Doy) (Y	eor) (Hour) 2	1E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
MEDI	OF INJURY		While At Not While	e 🖳			
	(AFFROX)		Vark At Work		A		
	22. I certify that (1) (this hosp	ital) attended		18/	1966 10 5/2	6/ 1966	
	that (1) (we) last saw the dece	eased alive ar	8/76/14	1966 an	d that in (n/y) (aur) api	nian death accurred an the da	
	and haur and from the causes		and the second s		r		
	22A SIGNATURE			In bady dilet ded		23B. DATE SIGNED	
	T	· Roll	M.D. Atte	nding Med.	Stoff -		
	L	Resdu		s. Director	Stoff Phys.	8/26/66	
	23 C. PHYSICIAN'S NAME (Type)			23D. ADDRESS			
	I. Rejai	ie	M.D.	Lutheran	Hospital Ba	alto. Md.	
24/	A. BURIAL CREMATION, 24B. DATI		NAME of CEMETERY or CRE			ity, town, or county) (State)	
7	PEAAOVAL (Speciful			24			
	Durtar 0/50	0/00 W	estern		Baltimore 1		
25/	A. DATE REC'D BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C FUNERAL DIRECT	y Funeral H	ADDRESS	
	2115 00 4500	Ala 9	di Jis Milas	Of ustal -	y runeral H	ome 64 min tal	
	AUG 341 1951		THE STATE OF THE S		10	AND PROPERTY.	

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VS 150-REV. 1/1/65

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	66.0	8733		HEALTH DEPARTMENT		66 08733
M.E. CASE NO		0700	CERTIFICA	TE OF DEATH	Registered Na	
1. NAME OF D (Type or Print)	David Fra	nklin .	Swank		and Hour of DEATH	16 9:45 AM
3. PLACE OF	DEATH IN BALTIMORE, A		•	4. USUAL RESIDENCE (WI A. STATE B. COL	nére deceosed lived. Il	institution: residence before odmission)
FULL NAMI	OF (If not in hospi	to) or institution,	give street	Maryland		Balto
INSTITUTION				Mon Kton	outside city limits, write	RURAL and give township)
Ma	ryland Gen	eral Ho	spital	D. STREET ADDRESS	If rurol, give locotion)	
5. SEX	6. RACE	7 AAABBIED	NEVER MARRIED	RT. / Jarrett	9. AGE (In years	If Under 1 Tr If Under 24 Hrs.
M	W	MAP	D, DIVORCED (specify)	12-2-00	lost birthdoy)	If Under 1 Tr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of voor of working life, even if retire	d)		11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT COUNTRY?
T.V 50	rviceman	T.U.		Maryland 14. MOTHER'S MAIDEN NAME		U.S.A
Har	ry Swan	K.		Katherine		
15. Wos Deceo (Yes, no or unkno	sed Ever in U. S. Armed wn) (If yes, give wor or o	Forces? dotes of service)	11 6. SOCIAL SECURITY NO. 218-01-7361	Mrs. Arley So (wife)	want	ADDRESS Same
18.4	20.1-1		CAUSE O	0 - 10 /		INTERVAL BETWEEN
DIS	ASE OR CONDITION				0 0	ONSET AND DEATH
(This doe:	LEADING TO DEAT		(A) ACU	te myocovoice	al ankovets	· vn
heort foilu	e, osthenio, etc. It med complication which cous	ons the diseose,	Q.	over only adhe	vosclerose	
	ANTECEDENT CAUS		(B) RC	ute Pulmono	my eclem	ią.
	OR CONDITIONS, i		.Co	ronary attre	ros clavo ses	
UNDERLY	the obove couse (ANG CONDITION lost.	A) stoting the	(C)	J		
-	11					
TO THE	DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO TH				
19A. DATE	OF OPERATION 198. C	ONDITION FOR THE PERFORMED	WHICH OPERATION	20A. AUTOPST? (Yes or)	10) 208, IF TES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTE	DENT WAS UNDERLTING IBUTING CAUSE OF tify medical examiner	218 hom etc.	ne, form, foctory, street, o	n or obout TIC. WHERE DID	(If in Boltimo	ore City, give exoct locotion)
21 D. TIME	(Month) (Doy) (Ye	or) (Hour) 21E.	INJURT OCCURRED	21 F. HOW DID IN	JURT OCCUR?	
(APPROX.)		Wh	ile At Not While			
22. I cert	fy that (I) (this hospi	tal) attended t	he deceosed from	Aug 25	1966 to A	ny 28 1966
that (I) (v	e) last saw the dece	sed alive an	Aug 28	19.66 ond	that In (my) (our) as	pinian death occurred an the date
		stated obove.) (We) (did) (did nat)	view the bady after death	•	
23A. SIGNA	TURE . / /	19	/ M.D. AH	ending Med.	Stoff **	238, DATE SIGNED
10	Muchael	1 Sor	che Phy	s. Director	Phys.	8/28/66
23C. PHTSI	(Type)	A , K		23D. ADDRESS		
	MICHAFL	400h D	M.D.			
24A, RUPIAL C	REMATION 248 DATE	24C N	AME OF CEMETERY OF CR	FAA A TORT 1240	LOCATION "	City town or country (State)
-	REMATION, 24B. DATE (Specify)	24C. N.	AME of CEMETERT OF CR	C	LOCATION (City, town, or county) (State)
BURIAL	REMATION, 248. DATE (Specify) 8-29-	66 ST.	AME OF CEMETERT OF CR	ERY SC. FUNERAL DIRECTO	WEET AIR. P	MARYLAND ADDRESS

David Franklin Swink Me on Kton Maryland General Hospital 8t 1 Janette He Rd 12-2-00 65 Mount Maryland 14.3 17. Authorities VIII Kathone Rider Hung Shook Sand per delay Sound 0 14 218-0-7361 25 Aug 25 15 Aug 25 Ang 25 66 10/22/8

BALTIMORE CITY HEALTH DEPARTMENT 66 08734 66 08734 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give township) (If rurol, give location) 537 Allegheney Ave. 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 537 Allegheney Ave, Towson Maryland INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (opinion death accurred an the date 23B. DATE SIGNED Towson, Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Gook-Brooks Towson, 1050 York Rd. Towson, Maryland

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January Street Street

A Mary of A VCC Tampland . and . and

66 08735 BALTIMORE CITY HEALTH DEPARTMENT 66 08735 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) ELIZABETH SMITH August 24, 1966 5:45 P 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURA) and give township) ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rurol, give location) Franklin Square Hospital 1429 W. Fayette Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) Months Doys Hours Female Negro MARRIED 10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) IFOR 1) tomsomores 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME MONROE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 7. INFORMANT ADDRESS SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) S-Hemoglobinopathy. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Hypertensive Cardiovascular Disease. DISEASE OR CONDITION CAUSING IT. CERTI 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? MEDI UTING CAUSE OF DEATH. (Month) (Doy) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Year) (Hour) OF INJURY m. WHILE AT NOT WHILE 22. Autopsy X I certify that I held on Inquiry Inspection ond that on this bosis, death in my opinion resulted from: Natural couses X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 8/25/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION

24C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

REMOVAL (Specify)

NAME (Type) Charle:

24A. DATE REC'D BY HEALTH DEPT.

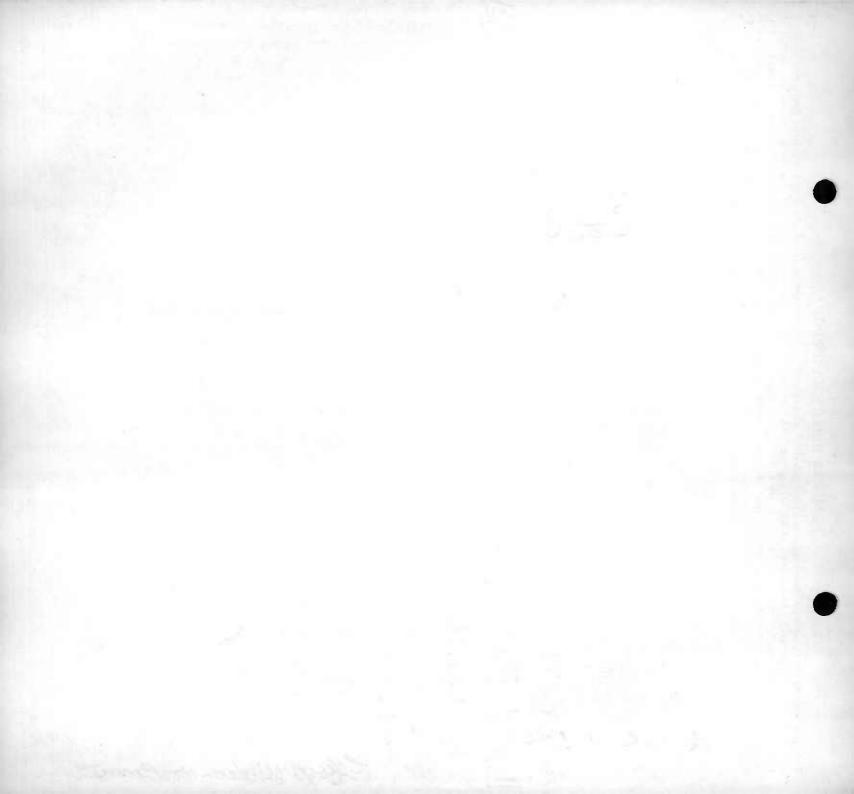
Charles S. Petty, M.D.

24B, NAME OF REGISTRAR

10-9-1913 MANNESOTY RAYFORD N.C. ULA AT WEADO Domesmania SALLDY CAMPBELL Eliza MonnoE Alexanded James was to the 3763 Bart md MANGERAL

margare physics (38 Me, com)

	CC OCMOO	BALTIMORE CITY	HEALTH DEPARTMENT		00 110100	
-	TH NO. 66 US736	CERTIFICA	TE OF DEATH	Registered No.	66 U8/36	
	L CASE NO. IAME OF DECEASED ROGERS	1SiAH	8.2		4.30 P.	
3. I	PLACE OF DEATH IN BALTIMORE, MARYLAN	1D	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If institu TY	ution; residence before admission	
ŀ	FULL NAME OF (If not in hospitot or inst HOSPITAL OR oddress or location)	titution, give street	C. CITY OR TOWN (If out	side city limits, write RUR	AL and give township)	
2	ROVIDENT HOSPIT	à	11		3-06	
	Rovi Dent Assisti			rurol, give location) DEN AVE	BAIT	
5. 5	EX 6. RACE 12-M	ARRIED, NEVER MARRIED			f Under 1 Yr. , If Under 24 Hr	
1	V) /	Married (specify)	Mark 1888	lost birthday) 78 M	Aonths Doys Hours Min.	
	. USUAL OCCUPATION (Give kind of work 10B.)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?	
	fetires	None	Quelecuia		WHAT COUNTRY?	
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE		
5 '	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	~~	ADDRESS	
Yes	s, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	77. INTORWIANT		ADDRESS	
_	18.	CAUSE O	OF DEATH		INTERVAL BETWEEN	
	DISEASE OF CONDITION DIRECTL	Y	. 90-	1	ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying	(A) (O)	re on Vasala	an outsture	•	
	heart failure, asthenia, etc. It means the d	lisease, QO Q	wesn't	7		
	ANTECEDENT CAUSES	(B) DUE TO	shighant N	pper yeursm		
	DISEASES OR CONDITIONS, if ony,	giving	Duanille K	ridney tailine		
	rise to the above cause (A) statis	ig the (C)	versiste.	Coma	• • • • • • • • • • • • • • • • • • • 	
7	II .					
ATIOI	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE				
RTIFICA		N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE	DINGS CONSIDERED	
CERT	21 A. ACCIDENT WAS UNDERLYING		- w change of the control of the con			
AL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	office bidg., INJURY OCCUR?	tir in bolfilmore Ci	ity, give exact tocotion)	
EDIC	21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
ž	(A PPROX.)	While At Not While Work At Work				
	22. I certify that (1) (this haspital) attended the deceased from					
	that (I) (we) last sow the deceased oli					
	and haur and from the causes stated at	pove. (1) (We) (did) (did nat)	view the body ofter death.			
	23A. SIGNATURE		ending Med.	Stoff 23	B. DATE SIGNED	
	23C.PHYSICIAN'S	Phy	s. Director	Phys,	0 2000	
	NAME (Type)	M.D.	PROVIDENT	N JOSP, TA		
244	BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	OCATION (City, I	town, or county) (State)	
1	REMOVAL (Specify)	CArver Men.	0	Aurel 1	12 O	
25A	DATE REC'D BY HEALTH DEPT. 25B. I	NAME OF REGISTRAR	250 FUNERAL DIRECTOR	1	ADDRESS	
	AUG 30 1966 (0.	A Es Farberta	Thornow);	Vaca 1000/	Example he	
		The state of the s			7	



	66 0873	7	BALTIMORE CITY	HEALTH DEPARTMENT		66 08737
BIRTH NO.	00 0010	1	CERTIFICA	TE OF DEATH	Registered Na.	00 00737
M.E. CASE NO.	CEASED			O DATE	AND HOUR OF DEATH	
(Type or Print)	BYRD, NORWOO	DD LOU:	IS		August 25, 19	66 3:05 P
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. II in	stitution: residence before admission
FULL NAME	OF (If not in hospital	or institution,	give street	Pennsylvani	a	1-35
HOSPITAL OR	Veterans Adm:			C. City or town (If Philadelphi		URAL ond give township)
1	3900 Loch Ray	ven Boul	levard		(If rural, give location)	
, /	Baltimore, Ma	aryland	21218	902 South 1		
5. SEX Male	Negro		, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind of world			11. BIRTHPLACE (State or fo		12. CITIZEN OF
	f working life, even if retired)	Unknow		Virginia	,	WHAT COUNTRY?
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	IAME	
Louis				Olivia Taylo		
5. Was Decease	nd Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT Recor	ds	ADDRESS
Yes	12-30-42 to		228-07-0292	V. A. Hospita		Md. 21218
18.	ASE OR CONDITION DI	RECTLY	CAUSE O	F DEATH		ONSET AND DEATH
(This does	LEADING TO DEATH	dvina. e.a	(A)	10 magnimotom	inauffiaiana	
heart failure	e, asthenia, etc. It means implication which caused	the disease,	foll	io-respiratory owing right co	lon by-pass	Days.
	ANTECEDENT CAUSES		(8) for		PR THE TO THE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE THE TOTAL THE	
rise to I	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.					Months
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
U 19A. DATE C	WAS PER	IDITION FOR	which operation	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING BUTING CAUSE OF	218	PLACE OF INJURY (e.g., in ne. larm, factory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		. INJURY OCCURRED ille At Not While ork At Work		NJURY OCCUR?	
22. I certif	y that (A (this hasnital		he deceased from Aug		19 66 to Augu	st 25, 19 66
that XI) (we) last saw the decease	d alive an	Augus 25,	19 66 and	that in (my) (aur) apir	nian death accurred an the do
and Appro	nd fram the causes sta	ted abave. ((We) (did) (did hat) v	iew the body after deat	h.	
23A. SIGNAT	URE		^			23 B. DATE SIGNED
100	Mr. Blow	ey M	M.D. Atte	s. Director	Stoff Phys.	8-26-66
NAME (Robert K. B	rawley	M.D.	V. A. Hospita	d, Baltimore,	Md. 21218
24A. BURIAL CR	EMATION, 248. DATE		AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (Stote)
BUTIAL STATE REC'	D BY HEALTH DEPT.	66 CO	OF REGISTRAR	25C. FUNERAL DIRECT	\$A .	ADDRESS %
J. I. DAIL REG	AUG 30 1966	Robert	r.E. farber Ma	O Charles	Done 2125	Christian St. O.
/S 150-REV. 1/1	/65			17	7.7	

b and the second The company of the contract of the The state of the s

23C. NAME of CEMETERY OF CREMATORY

23D. LOCATION

24C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

(Stote

EXAMINER'S Charles S. Springate, M.D.

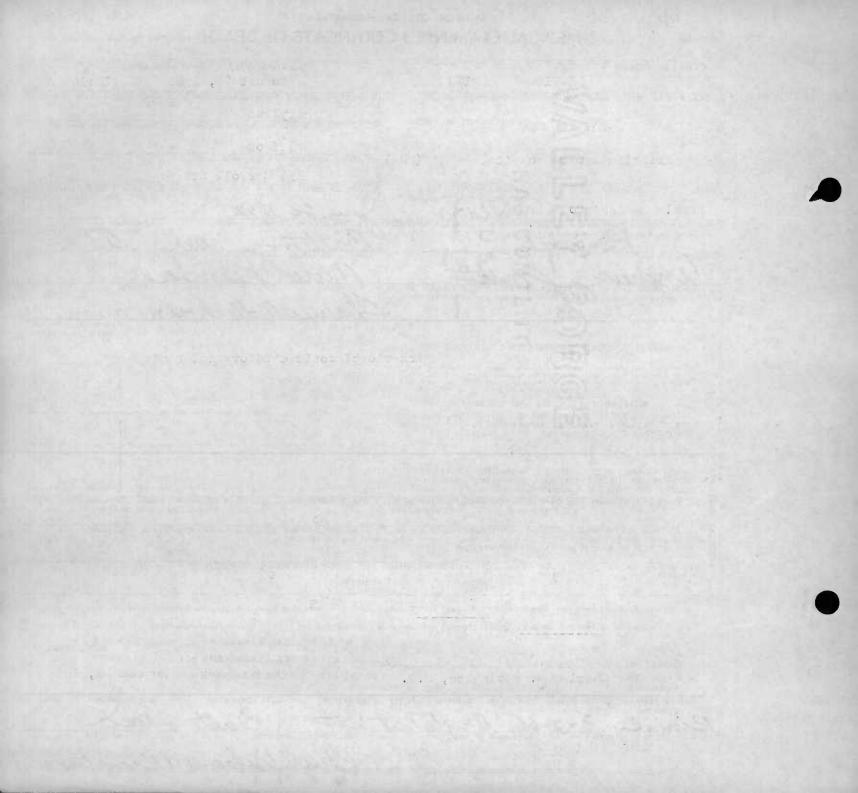
24B, NAME OF REGISTRAR

NAME (Type) 23A. BURIAL CREMATION, 238, DATE

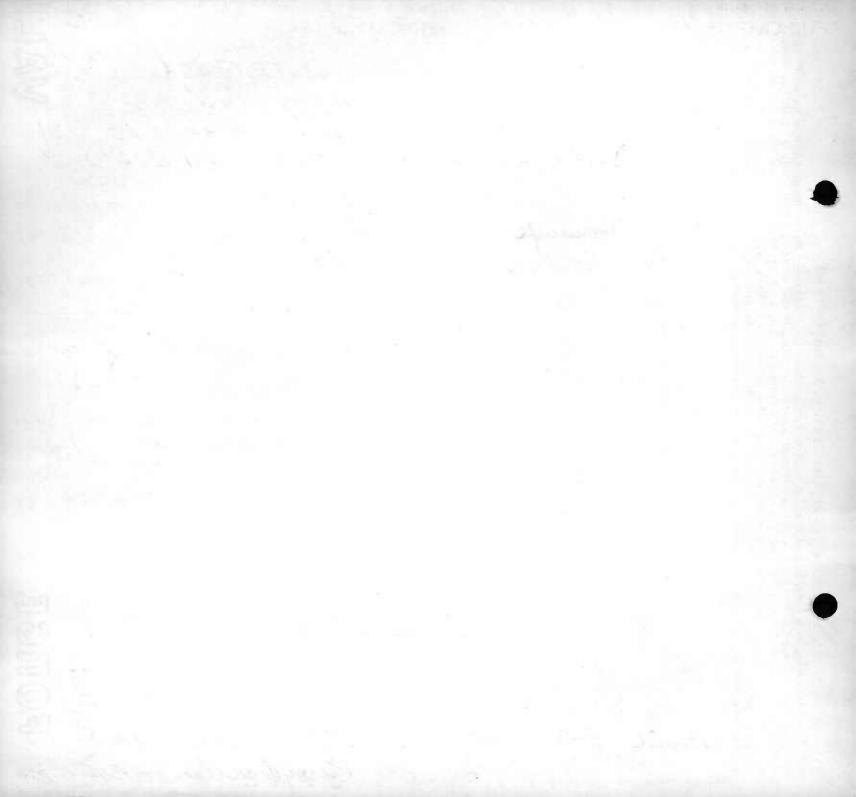
24A. DATE REC'D BY HEALTH DEPT.

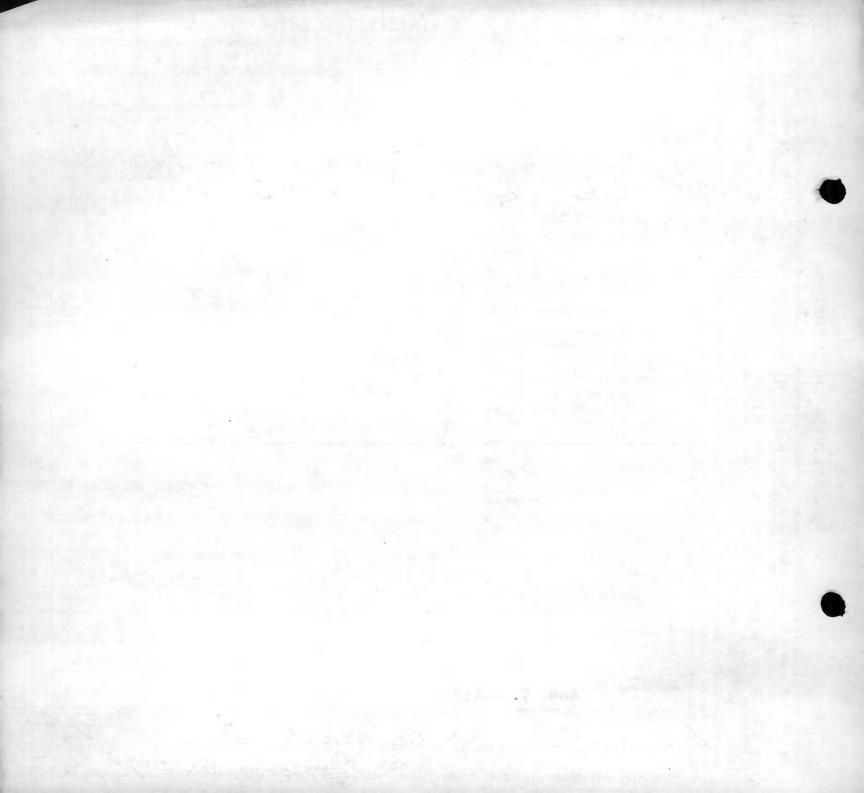
REMOVAL (Specify)

VS 151-REV. 1/1/65



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M.E.	n NO.	CERTIFICA	IE OF DEATH	Registered No	00 0010.
	CASE NO.		2 DATE AN	D HOUR OF DEATH	
	e or Print) AUIS (5=	5 -	7	10166	1746
3. P	LACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (When	deceased lived. If incl	titutions socidence before admir
			A. STATE B. COUN	Ty	monon, residence before outilis
	ULL NAME OF (If not in hospital or institu	tion, give street	many 1	and	
	OSPITAL OR) oddress or location)		C. CITY OR TOWN (If out	side city limits, write RU	JRAL and give township)
	talle land	nuns, ng	12011	more	1-04
0	11.			urol, give location)	1 , 1
	no mo	1. Ke Lund	1814	n mixIEZ	- Struct
5. SE	EX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24
, 50		OWED, DIVORCED (specify)		ost birthday)	Months Doys Hours M
10	e myle 18900 1	Arriad	5/10/06	60	
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working lite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
dulle	70		Dilana B	/	40.50
13. E	TATHER'S NAME		14. MOTHER'S MAIDEN NAM		9 0//.
	1. 60-11		A MOTHER J MAIDEN NAM	7 1	
	sience Goldon		Tothi &	elucuel's	
15. V	Vas Deceased Ever in U.S. Armed Forces? ,no or unknown) (II yes, give wor or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
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	No		1501 Dul	Lehend	5+
1	18.272/X I	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	W	0.1/011-0.101	1	ONSE! AND DEAT
	LEADING TO DEATH	(A) D/	CONCITORNEON	LUNIA	7 Zwalls
	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	na na man na gayar quaqua quaqua a 18 ha quay a a quay த u dubibi unin dubibi un ta quay a quay a u u u u u u		
	injury at camplication which caused death.)	OII	ONIE DENZUTIA	- 10 KINGU	1100145
	ANTECEDENT CAUSES	(B) C # [2]	ONIE DEWLLIA	(1) WALW 17.	NOWN -
		DUE TO			
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	UNDERLYING CONDITION last.	in	SAMA MAR	HEPITUICA	AL.
		A	Court GI- C	a contract	
Z					
0	OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING			
ATIO	TO THE DEATH BUT NOT RELATED TO	JTING THE			
ICATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 194-DATE OF OPERATION 198- CONDITION 1	JTING THE FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED
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IMPORTANT

FUNERAL DIRECTOR:

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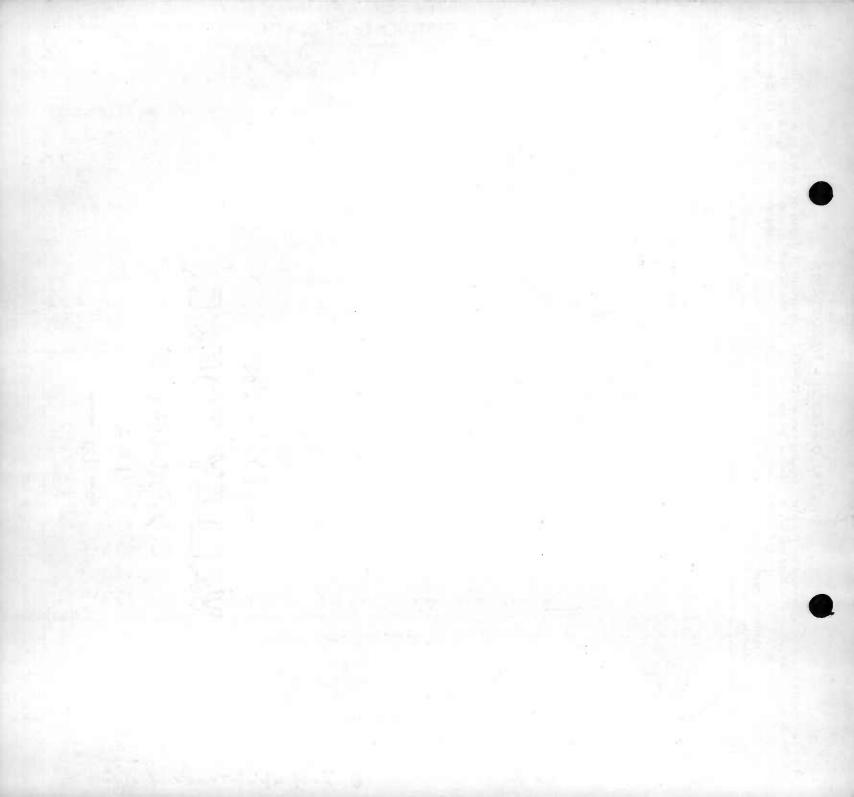
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

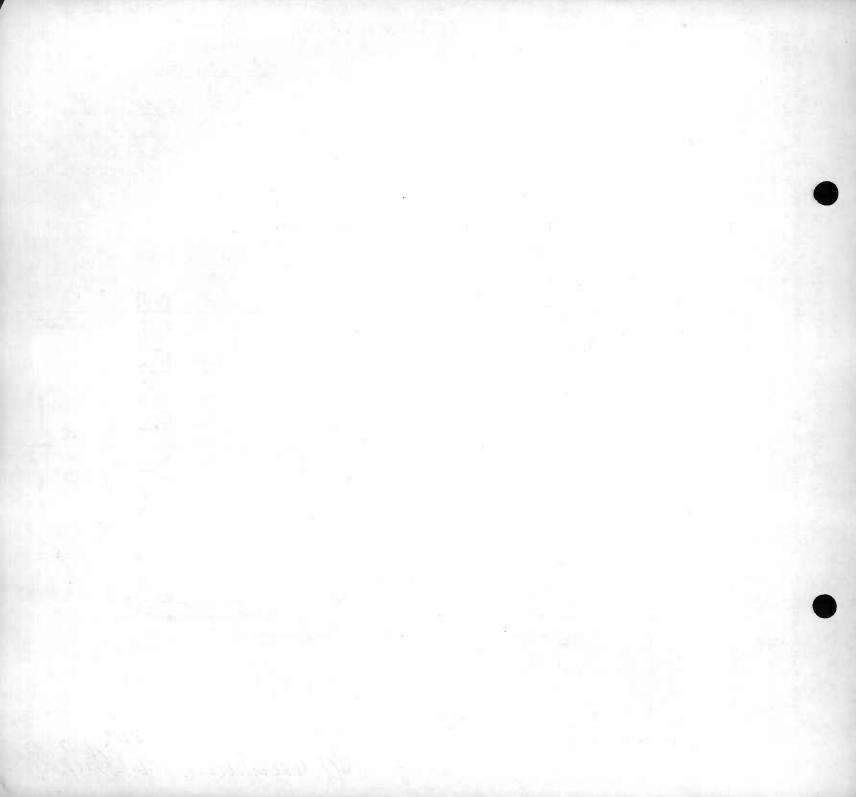
Hours

ONSET AND DEATH



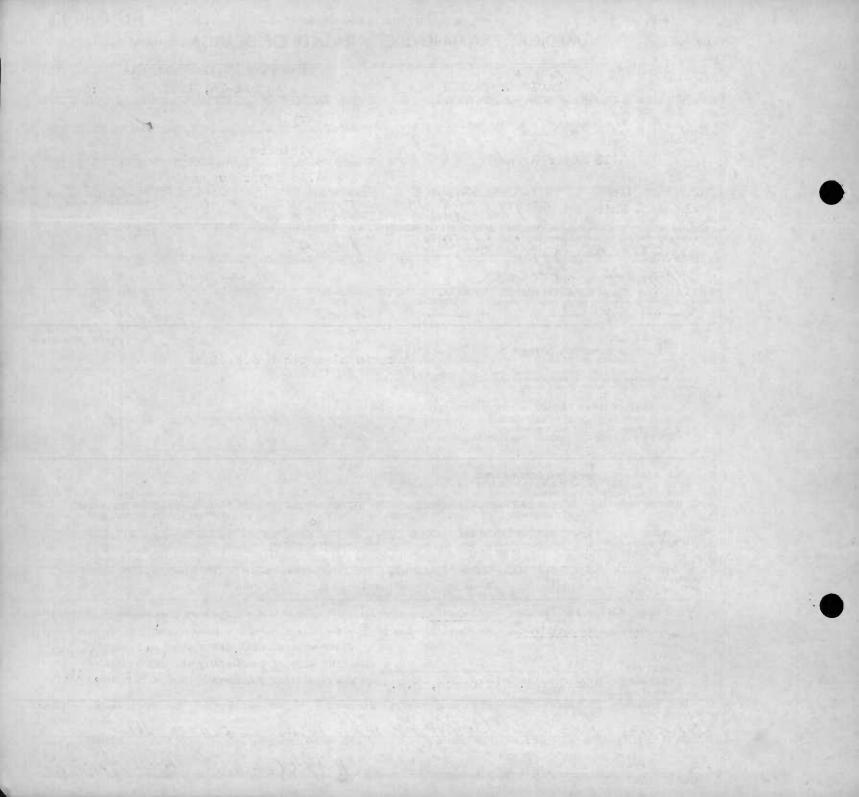
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	TH NO.		MEDICAL EX	CAMINER'S C	ERTIFICATE OF I	DEATH Register	ed No
	L CASE NO.	CEASED	IVON		2 DATE AN	D HOUR PRONOUNCE	D DEAD
(Ту	pe or Print)		IRVIN L. H	PENROD		st 26, 1966	2.40 A
3. F	LACE IN BAL	TIMORE, MARY	YLAND, WHERE PRONOL		4. USUAL RESIDENCE (Where		ution: residence before admission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT I	N HOSPITAL OR INSTITUTE OR LOCATION	JTION, GIVE STREET	Maryland c. CITY OR TOWN (If outsid	-/	RURAL and give tawnship
0		4718	Sayer Avenue		D. STREET ADDRESS (If rural, 4718 Saye	give lacation)	
5. 5	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs.
1	Male	Wnite	WIDOWED,	MUC (spectry)	JAN. 23.06	9. AGE (In years last birthday)	Manths Days Haurs Min.
	e during no af	UPATION (Give warking life, ever	kind of work 108, KIND OF n if retired)	Postal	Y 11. BIRTHPLACE (Mais or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	AE H	Venoa		14. MOTHER'S MAIDEN NAM	PPNEV	
			S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	conce	ADDRESS
(Yes	, na ar unknawn	(If yes, give	war ar dates of service)	SECURITY NO.	WIFE		Same
	1B.	0.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA		DITION DIRECTLY				ONSET AND DEATH
	(This does	LEADING T	O DEATH made of dying, e.g.,	(A)	eriosclerotic Hea	rt disease	
	heart failure.	. asthenia, etc.	It means the disease,	DUE TO			
		OR CONDITIE	ONS, IF ANY, GIVING	(B)			
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z	ONDERCIT	NO CONDIN	JN LASI.	(C)			*******************************
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CERTIFICATION	TO THE		NOT RELATED TO THE CAUSING IT.		00000		
CERT			198. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes ar Na) No	20B. IF YES, WERE FINI IN CERTIFYING CAUSE	
EDICAL	UNDERLYING	L CAUSE WA OR CONTRIB- ISE OF DEATH	- hame,	PLACE OF INJURY (e.g., farm, factory, street,	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?	If in Baltimare City, give	exact lacation)
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	22.			ORK AT W	ORK		
		tify that I he	ld on Inquiry	InspectionX Au	topsy ond that on thi	s bosis, deoth in my	opinion
	resul	ted from: No	oturol causes X A	ccident Suicid	le Homicide U	Indetermined monner	
		/	3/1 /	0.	CHIEF MEDICAL EX	***	DATE SIGNED
	SIGNAT		leads J	P Tate M.D	ASSISTANT MEDICAL EX	AMINER A	
	EXAMIN	IER'S Ch	narles S. Spr	ingate, M.D.	ASSOCIATE MEDICAL EX	(AMINER A)1	gust 26, 1966
	BURIAL CRE		3. DATE 230	C. NAME of CEMETERY	CREMATORY 23D. L	OCATION (City, 1	awn, ar caunty) (State)
1	SURI	BY HEALTH E	OEPT. 248, NAME	Selair Mei	M-60-01-NS	Bolair	MO
		AUG 30	1966 R. Que	E. Forber MA	RAHeem	GNN. 60	67 HARE RO
VS	151-REV. 1/1/	65	1 7	no.	N '7' TI'O		1 1 1 1 1 1 1 1 1



VS 150-REV. 1/1/65

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

If Under 24 Hrs.

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DIRECTOR:

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30 1966

VS 150-REV. 1/1/65

	A.C		BALTIMORE CITY	HEALTH DEPARTM		
	66 08746		CERTIFICA	TE OF DEA	TH Registered No.	66 08746
M.E. CASE NO.	EASED			2. D	ATE AND HOUR OF DEATH	
(Type or Print)	shaech:	Joh	N J.		8-30-66	1:40 A
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND			E (Where deceased lived. II in COUNTY	stitution; residence belare admissian
FULL NAME OF	F (If not in hospital address or location		give street	C. CITY OR TOWN	(If autside city limits, write !	7-02
INSTITUTION				12 111	ore 18.	CORAL and give lawnship)
10 .	2	1/.0	11	D. STREET ADDRESS	(If rural, give lacation)	
DONO	ecours	1+00,	Pital	2106 ho	ake Hue.	
Male	6. RACE		D, NEVER MARRIED D, DIVORCED (specily)	2/23/18	9. AGE (In years last birthday)	Manths Days Haurs Min.
	PATION (Give kind of work varking life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11, BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
KetiRe	d Salesman	Fur	niture	Balti	more. Md.	U.S.A.
3. FATHER'S NAM	eb John	To	senh	14. MOTHER'S MAID	EN NAME	1-1
5. Wos Deceased	Ever in U. S. Armed For	es?	1 6. SOCIAL	17. INFORMANT	100	ADDRESS
Yes, na ar unknawn) No	(II yes, give war ar date	s of service)	213-09-8397	Mrs. Wilhelm	nina Schaech	(Same)
18.4	11		CAUSE C	F DEATH		INTERVAL BETWEEN
	E OR CONDITION DIR	ECTLY	Da	TO Muse	notine Turne	ONSET AND DEATH
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	asthenia, etc. It means plication which caused		P-12-	0		6
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E TO THE DE	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	IG HE			
19A. DATE OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Ye	s ar Na) 20B, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	TING CAUSE OF medical examiner)		B. PLACE OF INJURY (e.g., i me, farm, loctary, street, a)	n or about 21C. WHERE INJURY OC	DID (If in Baltimore	City, give exoct lacation)
21 D. TIME	(Manth) (Day) (Year)	(Haur) 218	E. INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR?	
(APPROX.)			hile At Not Whi			
22. 1 certify	that 🗓 (this hospital			-26-66	19 / 10	30-6/ 10/16
	last saw the decease		4-30	19 66		nian death occurred on the da
			(#) (We) (did) (did=not)			nan deom occurred on the de
23A. SIGNATUI		P	1 0		deoin.	23B. DATE SIGNED
		CV	Un JM.D. Att	ending Med. S. Directo	r Stoff Phys.	Aug-30-66
23C. PHYSICIAI	N'S'	Y.	CHUNG M.D.	23D. ADDRESS	Secours	Hosp.
AA. BURIAL CREA	AATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION (Ci	y, tawn, ar county) (State)
Burial		Но	ly Redeemer Co	emetery	Baltimor	e, Md.
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OE REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS

Ruck Inc. Balto. Md. 21214

PROFESSION STATES FOR STATES

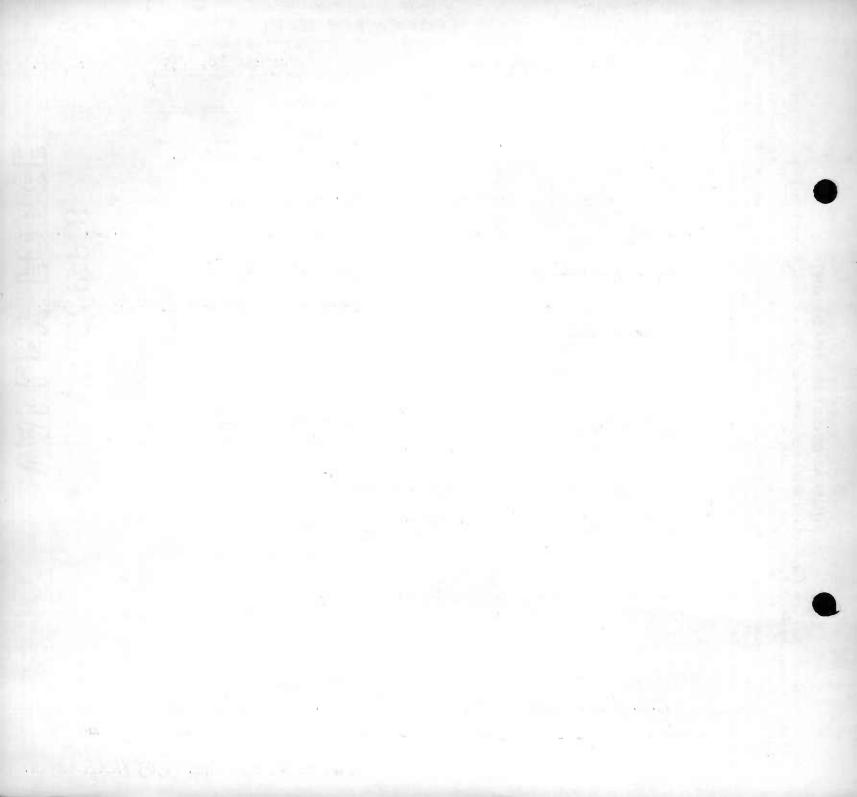
FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT		637 (36 7) 1 7
BIRTH NO. 66 08747	CERTIFICA	TE OF DEATH	Registered Na.	55 08/4/
M.E. CASE NO. 1. NAME OF DECEASED / /_ E:	rna Elizabeth Mar	kert 2. DATE AN	ND HOUR OF DEATH	- 3.6
Type or Pan Append FR	VA Elnabeth	au	con 29 19	266 820p
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If i	nstitution: residence before admission
		Maryland B. COUN	1TY	2707
FULL NAME OF (If not in hospital or instit	ution, give street			1/0/
INSTITUTION		c. CITY OR TOWN (IF OU Baltimore	tside city limits, write	RURAL ond give township)
	*	2912 Clearvier	rurol, give location)	
Sound Convale	Sarium			
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Haurs Min.
FW	Illiboured,	3/2/94	721	
OA. USUAL OCCUPATION (Give kind of work 10 B. KI		11. BERTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired) MOT	ring picture theater	· MA L		LI CA
3. FATHER'S NAME	offer net	14. MOTHER'S MAIDEN NA	AAC	U-3,17.
Oscar Adam von Lossberg		? Ber	rg	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give war or dates of se	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
no	1/8-37-941=	a notte M	2 about	2 D 1. D2/2
120	20-22-195	9 HRThus Ma	arren	1503 Tark UR.
18. / 5 3 0 1	CAUSE C	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0:00	1 + .	
	(A) Sea	ceralized 1/10	rastasio	/
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di		0 '		
injury ar camplication which coused death.	Can			0 1066
ANTECEDENT CAUSES	DUE TO	conomy - No	acric	Fin: 19 4 4
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rise to the above cause (A) stating	the (C)			
UNDERLYING CONDITION lost.				1100
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIE				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O IME			
194 DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
Elen: 1966 WAS PERFORMED	- Cecuri	^	IN CERTIFYING CA	TOSES OF DEATH!
O 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimor	e City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
U				
21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While At Work			
22 1 .: (1 . (1) (1): 1 - 7.1)			1066 01	1= 359 :061
22. I certify that (I) (this hospital) atten			1966 to CL	1906
that (1) (we) last saw the deceased alive	an aug . 23	19 66 and th	nat in (my) (our) op	In on death accurred an the de
and haur and from the causes stated abo	ive. (1) (We) (did) (did not)	view the bady after death.		
23A SIGNATURE				23B, DATE SIGNED
Haria Zikili	OM M.D. All	ending Med.	Stoff	Cur-29/066
X CUIS / CUINE	Phy		Phys.	1-1,1866
28C. PHYSICIAN'S NAME Type	4	23D. ADDRESS	Tarr	
LOUIS F. KLIMES	MID, M.D.	2623 E. My	gruneret	Nt -5
	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
REMOVAL (Specify)		The second second		
burial 9-1-66	Baltimore		ltimore, Ma:	-
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	nck Inc. r	305 Harford Rd, -1
AUG 30 1966 (P. Pa. D	E starber MA	Teonald of	, mo. 5	Jos nariora na, -1
10 154 BEV 1/1/15	7 11 11 11	0/01	W	

E 10 2 2 2 1 1 3 M.L. 218-32-9439 ARthin Muchout 7505 Park D.

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



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3. PLACE OF DEATH IN BALTIMORE, MARYLAND

6. RACE

done during most of working life, even if retired)

Housewite

13. FATHER'S NAMEO

White

William Scarborough

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused deoth.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, rise to the obave cause (A) stoling the

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

(Month) (Doy) (Year)

that (1) (we) last saw the deceased alive an

22. I certify that (I) (this hospital) attended the deced

and haur and fram the causes stated abave. (1) (We)

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198. CONDITION FOR WHICH O

(Hour)

WAS PERFORMED

UNDERLYING CONDITION last,

19A. DATE OF OPERATION

DISEASE OR CONDITION CAUSING IT.

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

DEATH (notify medical examiner)

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service)

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE

BIRTH NO.

M.E. CASE NO. (Type or Print)

> FULL NAME OF HOSPITAL OR

INSTITUTION

Female

/VO

CERTIFICATION

MEDICAL

21 D. TIME

(APPROX.)

ZIC. THYSICIAN'S NAME (Type)

24A. BURIAL CREMATION,

25A. DATE REC'D

REMOVAL (Specify)

OF INJURY

5. SEX

	ATE OF DEATH Registered No. 66	08749
Me GUIGAN	August 29, 1966.	6. A.M.
on, give street	A. STATE Md. C. CITY OR TOWN (If outside city limits, write RURAL Baltimore)	7-01
Ave.	D. STREET ADDRESS (If rurol, give location) 3222 Berkshire Road	L BA
ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 2/14/1884 82 11. BIRTHPLACE (State for foreign country) 12.	Inder 1 Yr. If Under 24 Hrs. Hours Min.
OF BUSINESS OR INDUSTRY	Maryland	CITIZEN OF WHAT COUNTRY?
	Emma Kinsey	
e) 16. SOCIAL SECURITY NO.	Miss Zillah McGuigan-San	ADDRESS The
.g., Se, (B) (DUF TO	hourdender H.D mealized anknowland habetes Melletes	2
TING THE		
R WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21 C. WHERE DID (If in Boltimore City, office bldg., INJURY OCCUR?	give exact location)
,		8/29/66
M.D.		VI, or county) State
St. Ignatius	Cem. Hickory, Maryle	aria

VS 150-REV. 1/1/65

(If not in hospital or institution, give stree

7. MARRIED, NEVER

WIDOWED, DIVOR

Widowed

ELIZABETH

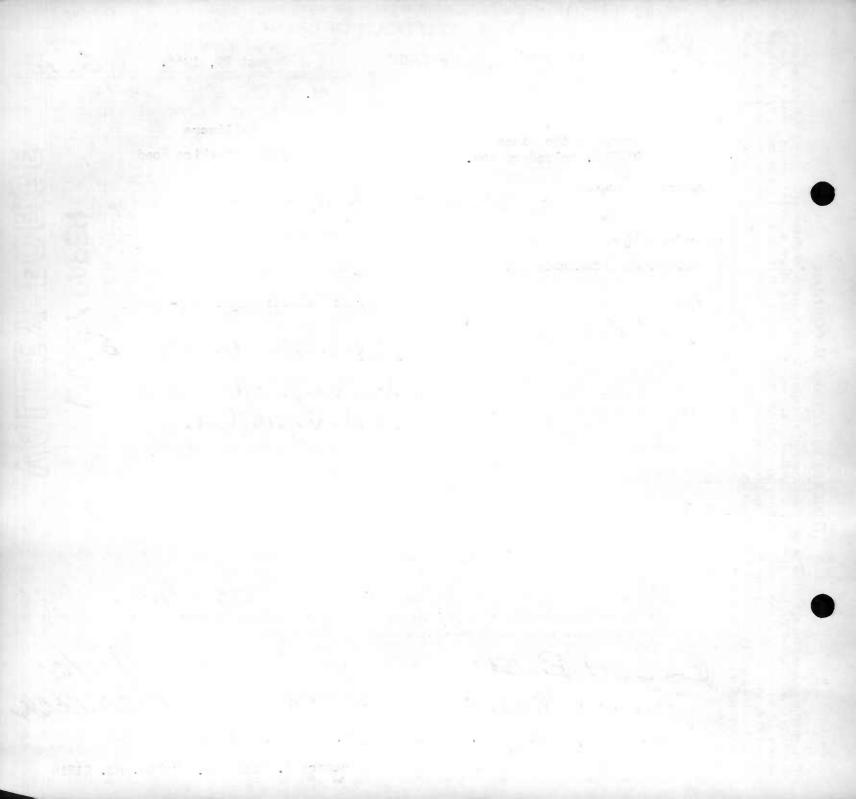
oddress or location)

House in the Pines

2525 W. Belvedere Ave.

Ruck Inc.

Balto. Md. 21214



BALTIMORE CITY HEALTH DEPARTMENT

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Hours

ADDRESS

INTERVAL BETWEEN

ADDRESS

tf Under 24 Hrs.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV, 1/1/65

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DIRECTOR:

FUNERAL

of death Deceased

cause; (5) cduse

> Undetermined regular

M.E. CASE NO.		CLICITIC
(Type or Print)	C	GRAFT
3. PLACE OF DEATH IN BALTIMORE, MARYLAND)	

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3.	PLACE OF	Ì
-	FULL NAM HOSPITAL (3
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(If not in hospital or institution, give street oddress or location)

C. CITY OR TOWN

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

5. SEX 6. RACE

MARRIED NEVER MARRIED DOWED, DIVORCED (specify) B. DATE OF BIRTH

D. STREE

9. AGE (In years lost birthday)

If Under 1 Yr. If Under 24 Hrs. Months: Doys

lasterer 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF

Burns 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY

6. SOCIAL SECURITY NO. 213-07-8599

> (R) DUE TO

Dawson 17. INFORMAN

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

ONSET AND DEATH

INTERVAL BETWEEN

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

acteREMI

CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office btdg., INJURY OCCUR?

CAUSE OF DEATH

(If in Boltimore City, give exact location)

MEDIC 21 D. TIME OF INJURY (Month) (Doy) (Year) (APPROX.)

21 E. INJURY OCCURRED While At Not While Al Work Work

21F. HOW DID INJURY OCCUR?

that LH (we) last saw the deceased alive an.

22. I certify that (this hospital) attended the deceased fram

and that in (my) (aur) apinian death accurred an the date

and haur and fram the causes stated above. (H) (We) (did) (did not) view the bady after death.

(Hour)

23A. SIGNATURE 23C. PHYSICIAN'S

DR. J.E.

M.D. Attending 23D. ADDRES Med.

NAME (Type)

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

8/29/1966 Carrolton Church of God

Reese, Maryland 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

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29/8/65

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Daniel Malone

25B. NAME OF REGISTRAR

66 08753

BIRTH NO.

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VS 150-REV. 1/1/65

M.E. CASE NO.

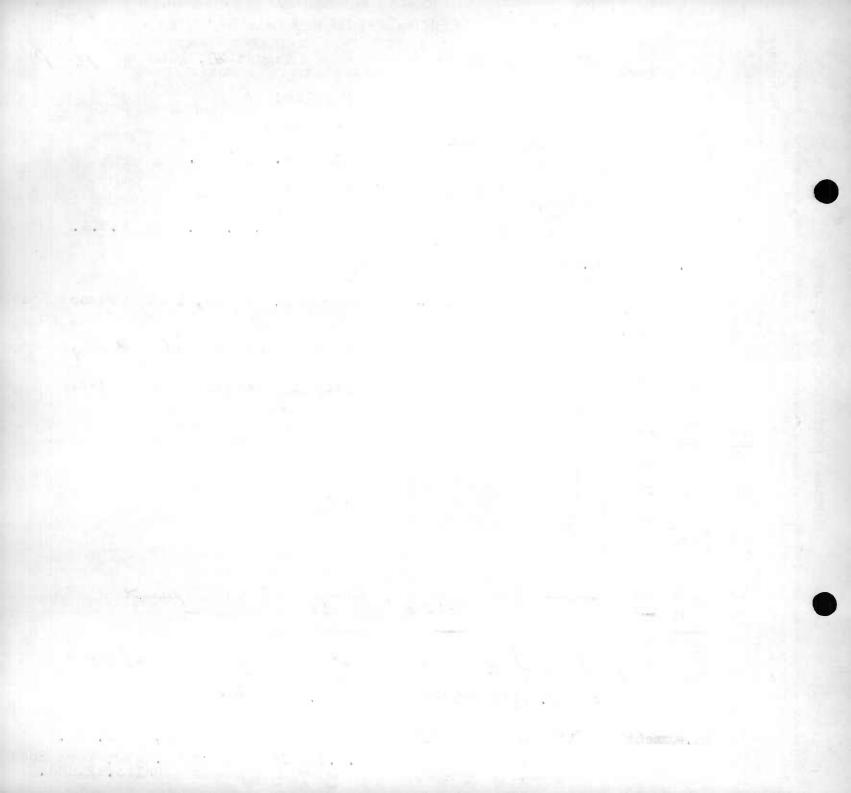
I. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT Registered No._ CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH August 29, 1966 Nelle Myers Hunter 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If outside city limits, write RURAL old give township) If Under 24 His. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Richard S. Hunter, 1541 Burnwood Road INTERVAL BETWEEN ONSET AND DEATH durindionia, cerebal 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)

2SC. FUNERAL DIRECTOR

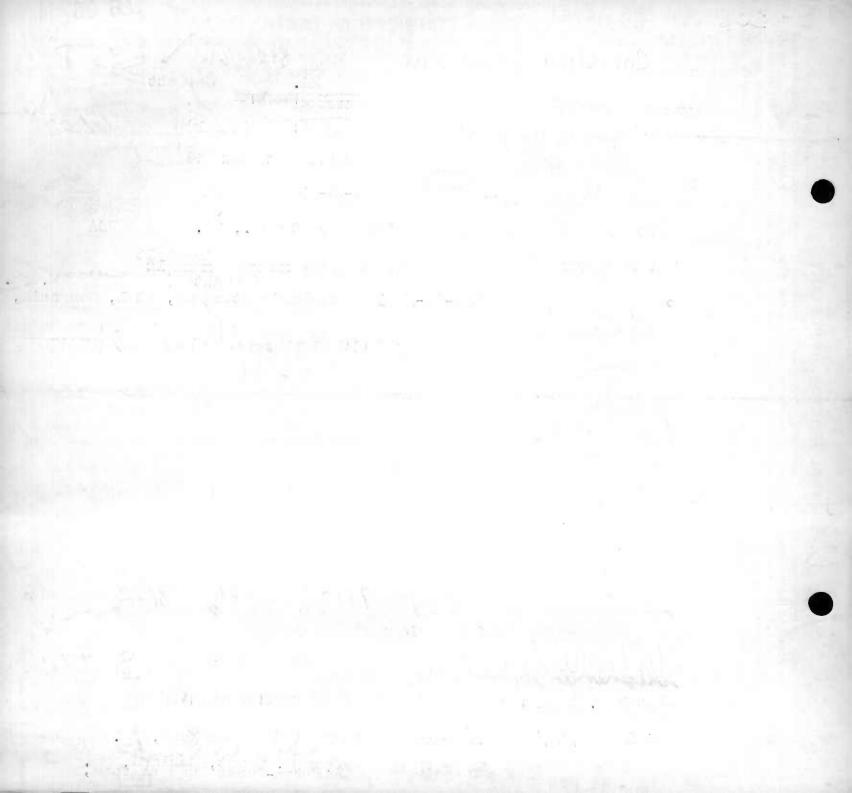
H.W. Jenkins & Sons Co.

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BALTIMORE CITY HEALTH DEPARTMENT

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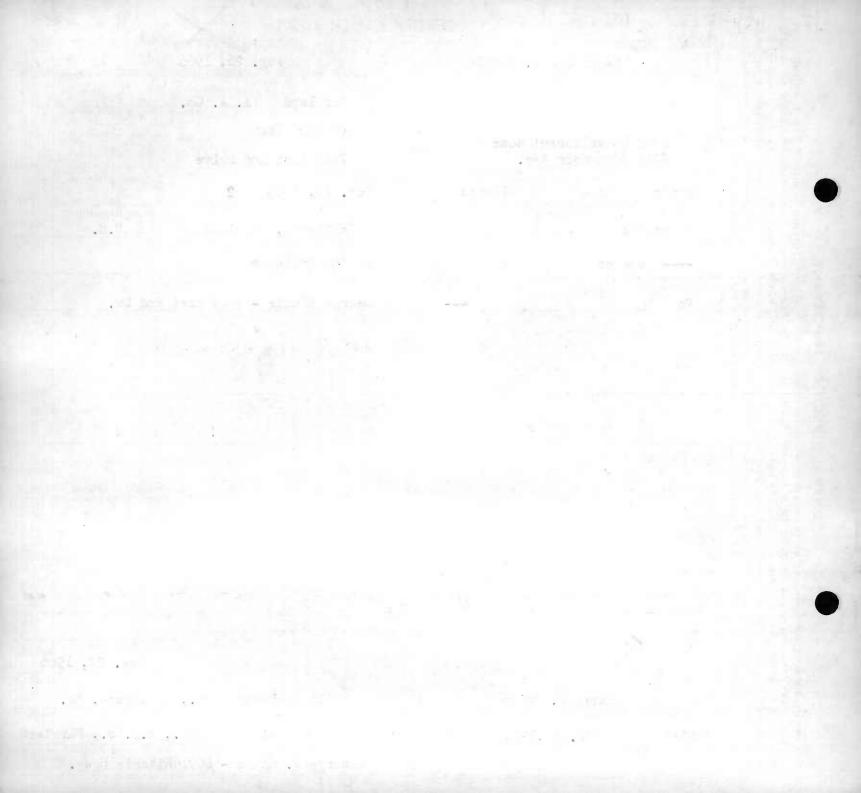
VS 150-REV. 1/1/65

00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		CR DRIVER
BIRTH NO. 66 US'756	CERTIFICA	TE OF DEATH	Registered Na.	66 08756
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
(Type or Print) CHARNECK CA	THERINE AM		8-26-	
Type or Print) CHARNECK CA	(1)	4. USUAL RESIDENCE (Whe	are deceased lived. If in	nstitution: residence before admis
		A. STATE B. COUN	117	
FULL NAME OF (If not in hospital or institution, oddress or location)	give street	MD.		
INSTITUTION				RURAL and give township)
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UNIVERSITY HOSPITA	L (MARYLAND)	D. STREET ADDRESS (If	rurol, give location)	T 0.
		37305/M	ANGHRE	T ST BH40
WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months: Doys Hours Mi
t CAU M		9-16-13	62	
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF
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HSEWIPE 13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		0.7
WILLIAM KERSTEN		ELIZABETH	GUNDER	MAN.
5. Was Deceased Ever in U. S. Anned Forces? Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
UNK		JOSEPH CHAR	PALEIK	5 A.A.
18. 2 0 0 1	431-22-8448	DEATH		
d/2X				ONSET AND DEATH
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heart failure, asthenia, etc. It means the disease,	002.10			
injury ar camplication which coused death.)				
ANTECEDENT CAUSES	DUE TO		***********************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Ē			
19A. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES. WERE	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED. WAS PERFORMED. 21A. ACCIDENT WAS UNDERLYING 121B.	TILMOR	910	IN CERTIFYING CA	USES OF DEATH?
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	e, form, foctory, street, off	ice bldg., INJURY OCCUR?		•
U				
S OF INJURY	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX) Whi	le At Not While			
22. I certify that (I) (this hospital) attended th	ne deceased from	4-21	1966 to	8-26 196
that (1) (we) last saw the deceased alive an	• •			
			ur in my) (aur) api	nian death accurred an the
and haur and fram the causes stated abave.	D(me) (qiq vot) Ai	iew the bady after death.		
23A. SIGNATURE	0	- di	S. # -	23B. DATE SIGNED
Julian M- Jal u	uce MM.D. After	nding Med. Director	Stoff Phys.	8-26-66.
Z3C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		
1	M.D.	UNIVERSITY	or wan	VINOR HOSP
4A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CRE		OCATION (C	7 -74-7
REMOVAL (Specify)	OF CENTERER OF CREE	240, 10	CAIION (CI	ty, town, or county) (Stot
Buriel Aug. 31,1966 Be	ltimore Nation	nal Cem. Bol	timore. Mar	vland
Burial Aug 31 1966 Be	FREGISTRAR	25C. FUNERAL DIRECTOR	, , ,	ADDRESS
AUG 31 1966 1 Call	E. Jalley Mill	George J. Gond	ce - 4001 Ri	tchie Hgwy.
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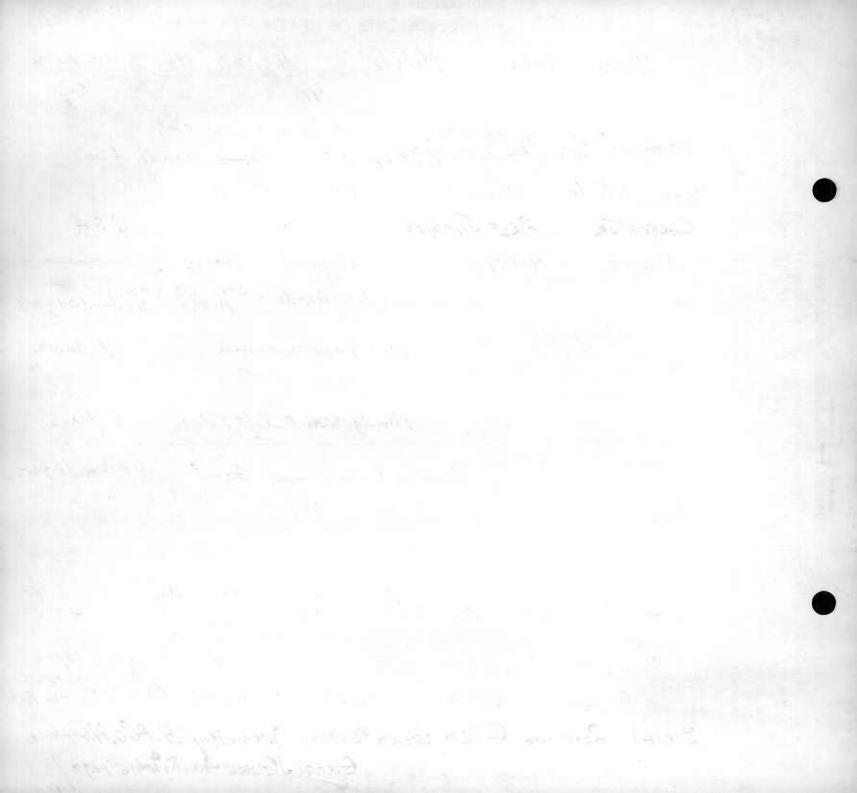
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FUNERAL DIRECTOR: IMPORTANT

	OO DOME	4	BALTIMORE CITY	HEALIH DEPART	MENT	1	6	6 08757
BIRTH NO. M.E. CASE NO.	66 08757		CERTIFICA	TE OF DE	ATH	Registered No.	0	0 00707
INAME OF DEC	EASED			2	DATE AND	HOUR OF DEATH	1	4
Type or Print)	CATHERINE .	A. HIN	KLE		Aug.	26, 1966		1 8:30 K
PLACE OF DEA	ATH IN BALTIMORE, MA		T-A-FILL	4. USUAL RESIDE	NCE (Where	deceased lived. If	institution	residence before odmiss
EUL NAME O	e at the transfel	!						
FULL NAME O	F (If not in hospital oddress or location		, give street	C. CITY OF TOWN		e city limits, write	RURAL	and give township)
NOTITUTION							NO NO CO	4740
HOO	Convalescen	+ Home		D. STREET ADDRE	SS (If ruro	l, give location)		000
	3 Edmondson A			701. C F.	at Fad	Dood		
- SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	ast End	AGE (In years	If Un	der 1 Yr. , If Under 24
P-m-la	The second second	WIDOW	ED, DIVORCED (specify)	0-+ 00 3	los	rithdoy)	Month	s Doys Hours Mi
Female	White		OWED OF BUSINESS OR INDUSTRY	Oct. 22,]		32	110 61	TITEN OF
	working life, even if retired)	IOB. KIND	OF BOSINESS OK INDOSIKI	III. BIRTHITEACE (S	tore or roreign	COJRTY)		TIZEN OF THAT COUNTRY?
Housewi	lfe			Beltimor	re. Mary	land		U.S.
3. FATHER'S NAM	ME			14. MOTHERS MA				
M	Namee			Ann Gal	lager			
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT				ADDRESS
Yes, no or unknown	(If yes, give wor or dote	s of service	SECURITY NO.					
No				George Hir	nkle -	1945 East	End l	Dr.
18. 4/4	3 X 1		CAUSE O	F DEATH				INTERVAL BETWEEN
DISEAS	SE OR CONDITION DIR	ECTLY	,	/	1 1	1		ONSEL AND DEATH
	LEADING TO DEATH		14	rose a tour	. NR	to melon	6	
(This daes n	ol mean the mode of	dying, e.g	DUE TO	1/100000	770	reconstruction	7 40.	
	oslhenio, elc. Il meons		e, /	10 1: 16	1			
	plicolion which coused	deoin,/	Cal	neuro va	sentare	Meral		
,	ANTECEDENT CAUSES		DUE TO	1	********			
DISEASES C	OR CONDITIONS, if	any, givin	g Ch	nonic Pr	ntete	and the same		
	above couse (A) G CONDITION last.	sloting th	(C)	7				
OTTOERETHIC								
Z OTHER SIGNI	11	ONTRIALITI	NC					
TO THE D	FICANT CONDITIONS CEATH BUT NOT RELA	TED TO	THE					
DISEASE OR	CONDITION CAUSING I		MILLER ARTHUR	120 4 4 4 1 2 2 2 2 2 2	79 - 10 11	00 15 450		
E I JA. DATE OF	WAS PERF		WHICH OPERATION	20 A. AUTOPSY?	Tes or No	OB. IF YES, WERE	AUSES OF	F DEATH?
19A. DATE OF				<i>V</i>	00			
OR CONTRIBL	TING CAUSE OF	l 2 h	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of	n or obout 21 C. WHE ffice bldg., INJURY C	ERE DID	(If in Boltimo	re City, g	ive exact location)
DEATH (notify	medical examiner	e	ic.)					
21 D. TIME	(Month) (Doy) (Year)	(Hour) 2	E. INJURY OCCURRED	21F. HOV	V DID INJUR	OCCUR?		
OF INJURY			Vhile At Not Whil					
(APPROX.)			Vork At Work					
22. I certify	that (I) (this hospital)_attended	the deceased from	10x. 2,	19	et 10 Az	ا ا	26, 196
	last saw the decease		11 01	///		/	ains de	oath accurred on the
						intiny, tour, ap	MIGH de	out accurred on the
		ed abave.	(1) (We) (did not) v	view the bady afte	er death.			
23A, SIGNATU	4	1					23 B. D.	ATE SIGNED
//	Harry X	13	M.D. Atte	ending Med S. Dire		ff (s.	Au	g. 27, 1966
23C. PHYSICIA		XII	11-11	23D. ADDRESS				
NAME (T	ype)							
	Harry L.		M.D.			on Ave., E		
AA BURIAL CREA	MATION, 24B. DATE	24C.,	NAME of CEMETERY OF CRE	EMATORY	24D. LOC	ATION (C	ity, town,	, or county) (Sto
Burial		1966 H	oly Cross Cemet	terv	Riter	ie Howv.	A.A.	.Co., Maryla
SA. DATE REC'D	BY HEASTH DERTO	25B. NAME	OF REGISTRAR	25C. FUNERAL				ADDRESS
A	NG 31 1966 (Colses	OF REGISTRAR		_	- 4001 R	d teh	
c 160 BC14 1/2/	15		6-11-0-1	1	4 0	4002 1	-2. 4011.	
S 150-REV. 1/1/6				9 1	J 63			

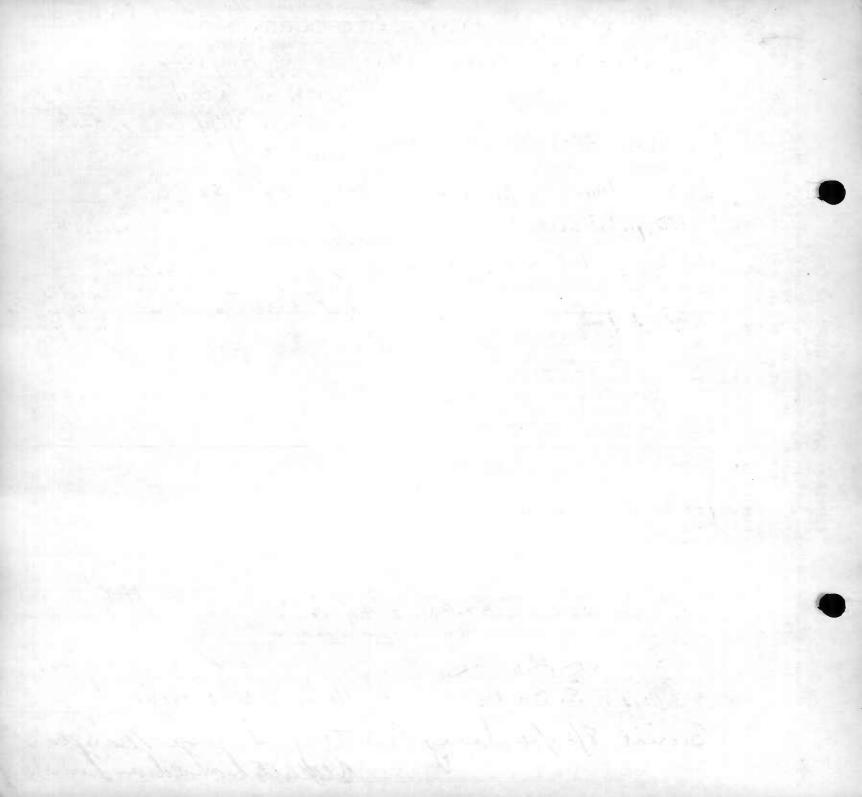


0.0	1 17 3 M 4 mm 17	BALTIMORE CITY	HEALTH DEPARTMENT		66 08758
	08758	CERTIFICA	TE OF DEATH	Registered Na	00 00708
NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	н
Type or Print) Henry	Dean.	Mille		28 196	11 1 1
PLACE OF DEATH IN BALT	MORE MARYLAND	111416		re deceased lived. If	institution: residence before odmission)
FILL MAAR OF US	* 1		MA	2	5-04
HOSPITAL OR oddres	in hospitol or institution s or location)	, give street	C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give township)
INSTITUTION DO OAL	n.t. 1	1 40	Baltimore	#2	24
Fire palin	ore City to	tospitals	D. STREET ADDRESS (If	rurol, give location)	4
1-1-1-4740 E	astern Ave, 1	Battimere NO	611 14	Ha Ha	ude Atre
SEX 6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years (ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male lite	1 10	rried	1-24-06	60	
LUSUAL OCCUPATION (GIV	kind of work 10B, KIND		11. BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT, COUNTRY?
ne during most of warking life, ev	en if retired)	- I-MAloyEd	.00		11.5A
FATHER'S NAME	OKL	21111012	14. MOTHER'S MAIDEN NA	ME	4.077
7 0	1. 00		10. 1	Pan an	
Joseph	Mille	ex.	Magaret	maja	ADDRESS
Was Deceased Ever in U. Ses, no or unknown) (If yes, give	 Armed Farces? wor or dotes of service! 	SECURITY NO.	17. INFORMANT	11000 Fasto	ADDRESS
No		237-18-8617	BCH: Records	4170 CACOK	a marifard 21224
18. 2 Y I		CAUSE	OF DEATH	PROFILIE	INTERVAL BETWEEN
DISEASE OR CON	DITION DIRECTLY		1		ONSET AND DEATH
LEADING 1	O DEATH	(A) Pr	ouchopneumo	ma	7 days
(This does not mean the		J.,			
injury or camplication wh		•,			
ANTECEDEN	T CAUSES	(B)			
DISEASES OR CONDIT	IONS, if ony, givin	0 1		10 - 1 .	C 16
rise to the above of UNDERLYING CONDITION		e (C) / Yel	imparesis (le	(F Side)	3 years
ONDEREING CONDING	it idsi.		<i>V</i>		
OTHER SIGNIFICANT CON	ADITIONS CONTRIBUTI	NG 🙃		8 1	ludana I.
TO THE DEATH BUT	NOT RELATED TO	THE Duodene	luleer and	Gout	4 yars a loyar
	198. CONDITION FOR		20A. AUTOPSY? (Yes or No		E FINDINGS CONSIDERED
194. DATE OF OPERATION	WAS PERFORMED		No.	IN CERTIFYING C	CAUSES OF DEATH?
21A. ACCIDENT WAS UN	DERLYING 2	1B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	, (If in Baltim	are City, give exact lacation)
OR CONTRIBUTING CA		ome, form, foctory, street, o	office bldg., INJURY OCCUR?		
		IE. INJURY OCCURRED	21 F. HOW DID INJ	IIIBY OCCIUR?	
OF INJURY	,	Vhile At Not Whi		OKI OCCOK:	
(APPROX.)		Vork At Work			
22. I certify that (%)(th	is haspital) attended	the deceased fram	oril 21	19 66 to A	leg. 28 19 66
that (1) (ms) last saw th	ne deceased alive an	Ang 28	19 66 and th	nat in (my) (our) a	phian death accurred an the da
and have and from the c	auses stated above.	1.0	view the bady after death.		
23A. SIGNATURE	4 4	(1) (10) (010) (010 1101)	71011 1110 0007 01101 000111		23B, DATE SIGNED
- 1/1-	n. 6		tending Med.	Stoff 1	2/20/11
23C. PHYSICIANS	Mi Kol	Je Ph	ys. Director 23D. ADDRESS	Phys.	24001120112120
NAME (Tope)	1	10111	D All A.T	11 40	101- F-to 1- B
HISA	YUKI K	OWA M.D.	POOLTIMONE COLY	Hospitals	4740 Casternitue Pol
A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 24C.	NAME of CEMETERY OF CI	REMATORY 24D. 1	OCATION ((City, town, or county) (Stote)
BULLET	FDT1-66	FLEN HAIL	MEMORIA Pite	hurthen/ 1	4, HCO MARY IAM
A DATE REC'D BY HEALTH	DEPT. 25B, NAMI	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
AUG 31	1966 P. O.	8. E. Faller M.A.	GEORGE /GO	NCI- ACOIN	Tohir Hand
1100	TO THE		- Contract of Oc	11-63	



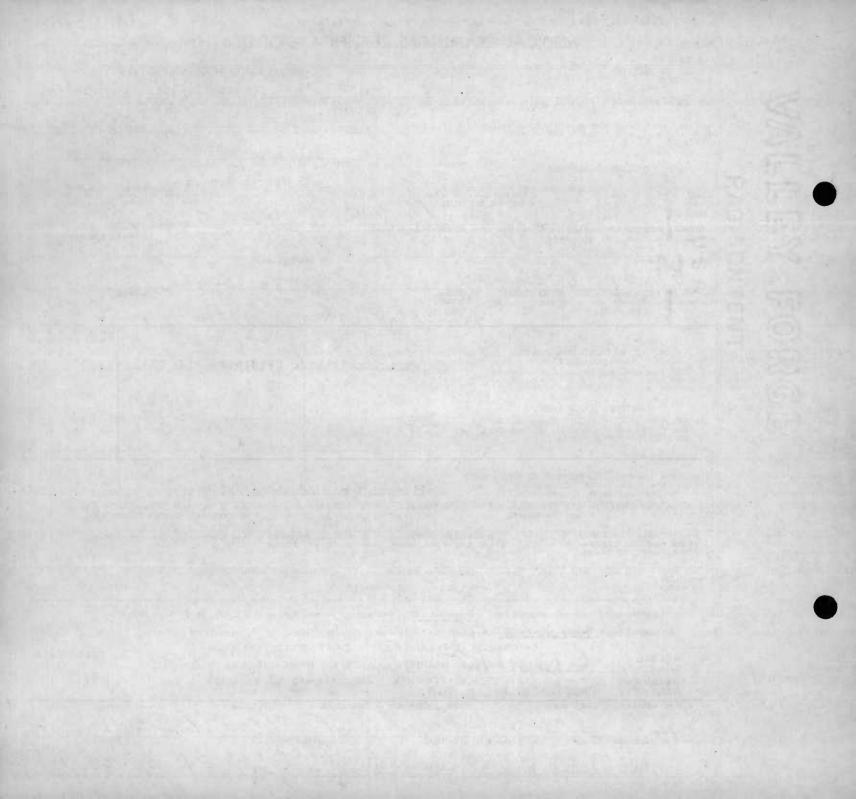
	66 0875	0	BALTIMORE CITY	HEALTH DEPARTMENT		66 08759
BIRTH NO.	00 00/0	9	CERTIFICA	TE OF DEATH	Registered Na.	00 00700
M.E. CASE NO.	CEASED			2. DATE AF	ND HOUR OF DEATH	
(Type or Print)	CHRIS J. B	ODEN	SCHATZ.	Acc	171016	
3. PLACE OF DE	ATH IN BALTIMORE, MARYL	AND	3511712	4. USUAL RESIDENCE (Whe	ere deceased lived. If i	nstitution; residence before admission)
FILL ALAME	0.5 46 . 1 1 . 1 1					
HOSPITAL OR		astitution,	give street	C. CITY OR TOWN (If ou	tside city (imits—write	RURAL and give township)
INSTITUTION				5	7/	-03
11 INION) MEMORIAL	1705	SPITAL.	D. STREET ADDRESS (IF	rural, give location)	
10101				4039 1 YN:	ALE AVE	
5. SEX	6. RACE 7.		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
M	147	3 A	D, DIVORCED (specify)	SEPT 29,1906	fost birthday)	Months Doys Hours Min.
IOA, USUAL OCC	CUPATION (Give kind of work 108		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	65	12. CITIZEN OF
done during most of	f working (ife, even if retired)					WHAT COUNTRY?
	IN AIRCRAFT	No	CK UP.	MARYLAND		U.JA.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
JOHN	BODENSCHAT:	2.		MARGARIET	RODEL	
15. Was Decease	d Ever in U. S. Armed Forces	Service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
M) =	milit yes, give wor or doles d	36141667	SECURITY NO.	MARIE BODE	USCHATZ	4030)
1B,		-	CAUSE 0		00111112	INTERVAL BETWEEN
700	I ASE OR CONDITION DIREC	T1 V				ONSET AND DEATH
DISEA	LEADING TO DEATH		MYRE	REDIAL LUFAR	CTION	1/2 hr
	not meon the mode of dy		, DUE TO	AZDIAL ZUFAR	***************************************	
	, osthenia, etc. It means the mplication which caused de			UNKY ARTERY	2.000	15 YEARS
	ANTECEDENT CAUSES		(B) LOLOA	JAKY METERY	PISEAJE	13 757 23
DISEASES	OR CONDITIONS, if ony	mission or	DUE TO			
rise to th	ne abave cause (A) sid					
UNDERLYIN	G CONDITION last.					
7	11					
OTHER SIGN	IFFICANT CONDITIONS CONDEATH BUT NOT RELATED	TRIBUTING TO THE	IG HE			
A DISEASE OR	CONDITION CAUSING IT.			I 20 A	V 200 15 V24	
19A. DATE O	F OPERATION 198. CONDITE		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21A. ACCIDI	ENT WAS IINDEBLYING	Tarr	P. BLACE OF INITIANY	121C WHERE DID	// P. In	C:
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	har	me, form, factary, street, at	fice bldg., INJURY OCCUR?	tt in Politimoi	re City, give exact location)
U	y medicol examiner)	etc				
OF INJURY	(Month) (Doy) (Year) (H		L INJURY OCCURRED	21 F. HOW DID IN	URY OCCUR?	
(APPROX)			hile At Not While	•		
22 1 consists	y that (1) (this haspital) o	tended :		Aula 16	19 6 / 10	July 27 1966
			auj. 26	0 . 1. 1		0 0
) last sow the deceased o		·		iat in (my) (a or) ap	inion death occurred on the dat
	nd from the couses stated	obove. ((I) (W e) (d id) (did not) v	iew the body ofter death.		
23A. SIGNAT	A				6. "	23B, DATE SIGNED
	alau X4	ves	M.D. Alte	s. Med. Director	Phys.	Cius. 29,1966
23C. PHYSICIA	AN'S Tupel			23D. ADDRESS	1 1 1	4 1 0
NAME	adam Ste	WIS	M.D.	6232 Belain 1	Ruac , Tal	elo. levezland
24A. BURIAL CR	EMATION, 248, DATE		AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	City, town, or county) (State)
REMOVAL	(Specify)	-		-	1	Circle ha
DOR IA	D BY HEALTH DEPT. 251	6 U	ERUSALEM, CI	EM. BA	ALTIMORIE.	CITY IVD
TOOL DATE REC'T	DIA OT 4000	MAME	O T OF	25C. FUNERAL DIRECTOR	0 011	ADDRESS
	AUG 31 1966 M	0.16	- E Stankera	If assalhu for	exeral Home	7401 Bolan Rd.
V\$ 150-REV. 1/1/	/65	, 4,45				

1	66 08760	BALTIMORE CITY	HEALTH DEPARTMENT	66 08760
	BIRTH NO.	CERTIFICA	TE OF DEATH X Registe	red No.
	M.E. CASE NO.	CERTIFICA		
	1. NAME OF DECEASED (Type or Print)	ames Ca	2. DATE AND HOUR OF	
	Curtis,	ames ca		1966 M
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	l	4. USUAL RESIDENCE (Where deceaded A. STATE) B. COUNTY	lived. If institution: residence before admission)
				ad Harris
	FULL NAME OF (If not in hospital or instituted HOSPITAL DR oddress or location)	ion, give street		
	INSTITUTION		Ellicott City	its, write RURAL and give township)
1	11.36 . 1 1/2	1000/1/		
-1	University of Ma	rylund Hosp	D. STREET ADDRESS (If rurol, give to	cotion)
0			10th y turio	
ğ		RIED, NEVER MARRIED DIVED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In y lost birthday)	eors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
E		larried	7-17-1909 56	o violinis boys ricors
2	IOA. USUAL OCCUPATION (Give kind of work 10 B. KIN		'	12. CITIZEN OF
5	done during most of working life, even if retired)	1	1 1 1	WHAT, COUNTRY?
Ĕ	Moahinistassemb	LEF	Margiana	U.S.H.
OS	13. FATHER'S NAME	^	14. MOTHER'S MAIDEN NAME	7
disposition	James trank	(CATIS	11. 1 h	
5	15. Was Deceased Ever in U. S. Armed Forces?	00/11/10	12 miles	0.46
8	(Yes, no or unknown) (If yes, give wor or dotes of serv		T. INFORMANT	ADDRESS A
tinal	20.1		V F Cont	811111111111111111111111111111111111111
	18. 2/0//	CAUSE O	F DEATH	INTERVAL BETWEEN
0	DISEASE OF CONDITION DIRECTLY			ONSET AND DEATH
0	LEADING TO DEATH	1	mocardial /stare	tion
E	(This daes nat mean the mode of dying,	e.g., DUE TO	70000	
0	heart foilure, asthenio, etc. It means the dise injury ar complication which caused death.)	ase,		
empa		40)		
	ANTECEDENT CAUSES	DUE TD		***************************************
are	DISEASES OR CONDITIONS, if any, gi	· · ·		
	rise to the obave couse (A) stoling UNDERLYING CONDITION last.	The (C)	***************************************	
=				
ב	Z OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING		
0	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO			
0	WISEASE DE CONDITION CAUSING II.		120 4	
두	19A. DATE OF OPERATION 19B. CONDITION F	Α	7 IN CEPTIE	
0	25 Aug 1966 WASTERFORMED			
before the remains	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	n or obout Z1C. WHERE DID (If in	Boltimore City, give exact location)
De	Z DEATH (notify medical examiner)	etc.)		
D	Q 21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?
E 0	OF INJURY (APPROX.)	While At Not Whil		
btained	(AFFROX)	Work At Work		17
0	22. I certify that (I) (this hospital) attend	ed the deceased fram	8-19-66 19 10	25 /tug 1966
0	that (I) (we) lost saw the deceased alive	on 3:30 P. M. 25	DUSTRY 11. BIRTHPLACE (Stole of foreign country) Maryland 14. MOTHERS MAIDEN NAME 17. INFORMANT ADDRESS USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH MYOCARDIA INFORMANT TO 10. INFORMANT ADDRESS WHAT COUNTRY? WHAT COUNT	
De		CAUSE OF DEATH (A) (A) (A) (B) (B) (DUE TO VING (C) JING OR WHICH OPERATION (A) (B) (C) (B) (C) (B) (C) (B) (C) (B) (C) (C		
S	23. SIGN ALURE	e. (1) (we) (did) (did not) v	view the bady after death.	COR DATE CONED
E		0 445 444	andias - bakk - saibaa	
5	Nelxim Qida	Myor Phy	s. Director Phys.	25 Hug 1966
>	23C.PHYSICIAN'S		23D. ADDRESS	.1
2	Illsillin S. Dan	for M.D.	Mont. of Mid.	HOID.
approval must		200	EMATORY STORY	(City town or count)
	REMOVAL (Specify)	C. IT SIVILE OF CENTETERS OF CRE	AD. LOGATION	(Stote)
0	Burral 8/29/66	Sanage (e	nelens Sana	me Mariland
ritten	25A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAL	25C. FUNERAL DIRECTOR	ADDRESS A
3	AUG 31 1966 12 Q	BE E ME LOW MA	Along The Klas	and was down in
	VS 150-REV 1/1/65		THEY WAY VIEW	weeren your



66 08761 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CEPTIFICATE OF DEATH Registered No

XIII 110.	MILL	ICAL ENAMINATIO	CERTIFICA	IL OI DEATH	0910101001101
L CASE NO.					
NAME OF DE	CEASED			2. DATE AND HOUR PRON	OUNCED DEAD
	JOHN	H.	ROEHMER	August 27,	1966 7:45 A M.
PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	4. USUAL RESI	DENCE (Where deceased lived.	If institution: residence before admission) B. COUNTY
III NAME OF	/IE NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Ma	aryland	コムーハカ
ILL NAME OF DSPITAL OR STITUTION	ADDRESS OR LOC	ATION)	C. CITY OR TO	WN (If outside corporate limit	s, write RURAL and giv, township)
3111011014			Bs	altimore	
405 Wa	rren Avenue			ORESS (If rural, give location)	
			40	5 Warren Avenue	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIR	TH 9. AGE (In	years If Under 1 Yr. If Under 24 Hrs.
Male	White	WIDOWED DIVORCED (specify)	6-1	1-89 lost birthdoy	Months, Doys Hours Min.
		THE TOR KIND OF BUSINESS OR INDUS	TRY 11. RIPTHPLACE	(State or foreign county)	12. CITIZEN OF
	working Ite, exalif retired)		m		WHAT COUNTRY?
PATHERIC MAI	Kefuel		1/60	Mand	4317-
FATHER'S NA	ME D		14. MOTHER'S A		/
Hen	ing 10	Elimer	11/10	iry and	
	ED EVER IN U.S. ARMEI		17. INFORMANT	Van	ADDRESS
	, , , , , , , , , , , , , , , , , , , ,	212-03-0	25/ / lfor	a Nochme	1 Same as Time I
118,		CALL CO CO	SE OF DEATH	4 10 coma,	INTERVAL BETWEEN
72	2 / H	1 1	JE OF DEATH		ONSET AND DEATH
DISEA	ASE OR CONDITION D LEADING TO DEAT				
(This does	not mean the mode o	f dying, e.g., (A) AILE	eriosclerot	ic Cardiovascul	ar Disease,
heort foilure	e, osthenio, etc. It meon implication which coused	s the diseose,			
	ANTECENDENT CAUS				
	OR CONDITIONS, IF A				
UNDERLYI	NG CONDITION LAST.	(6)			
		()	••••••		
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTING			
TO THE	DEATH BUT NOT RE		ant Tumor	of Abdominal Vis	cera, type undetermine
	OR CONDITION CAUSIN	G IT		Y? (Yes or No) 20B. IF YES, W	
O DATE O		REPORMED			CAUSES OF DEATH?
DIA EVIEDNI	AL CAUSE WAS	loso Black Or Indian	No	SALLED B. D. L.	
UNDERLYING	OR CONTRIB-	home, form, foctory, street	g, in or obout 21C.	WHERE DID (If in Boltimore (RY OCCUR?	City, give exoct location!
UTING LCAL	USE OF DEATH.	etc.)	1000000		
21D TIME	(Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURRE	D 21 F. H	IOW DID INJURY OCCUR?	
(APPROX.)		WHILE AT NO	T WHILE T		
22.		m. WORK AT	WORK		
	rtify that I held an	Inquiry Inspection X	Autapsy ar	nd that an this basis, deat	h In my apintan
resu	Ited fram: Natural co	auses X Accident Suic	cide Hamic	ide Undetermined	manner
				MEDICAL EXAMINER	
ACTUA	L 0/	- 1 //-			DATE SIGNED
SIGNAT		Delles I elly M		MEDICAL EXAMINER	8/27/66
EXAMI	NER'S Charles	s S. Petty, M.D.	ASSOCIATE	MEDICAL EXAMINER	0/2//00
A. BURIAL CRI		23C. NAME of CEMEJER	V CREALATORY	23D. LOCATION	(City, town, or county) (State)
MOVAL (Specif		DEL CONTROL CEMETER	W CKENTATORY	- SUCATION	and mil
Duria	1 8-3	0-66 Ceday Hell	Comeles	y Cure C	remolif to. 11/1.
A. DATE REC'D	BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNE	PAL DIRECTOR	ADDRESS
	BUC 21 1000	ADROTAD W	Mal	· Wus 120	P Fot and Both
- 1	AUG 31 1966	Of Leed, E. Touseup.	1/2/66	ally 2 1 100 C	July Cur Marke
151-REV. 1/1.	/65	1 7 0 0 0	0/	14	71



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VS 150-REV. 1/1/65

Deceased

death.

9

hospital

0

cause

BALTIMORE CITY HEALTH DEPARTMENT 66 08762 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO.

1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BESSIE 8-22-66 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence A. STATE

B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR (If outside city limits, write RURAL and give township) INSTITUTION Baltimore theran Hosp of Md., Inc. 3025 Windsor altimore 9. AGE (In years MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys 5. SEX If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UNK MARYLAND UNK 13. FATHER'S NAME UNK 17. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. EPT OF PUBLIC WELFARE 1500 GREEN MOUN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, Arteriosclerotic Cardio injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTIFIC 20 A. AUTOPSY? (Yes of No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ü (It in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notity medical examined MEDI 21 D. TIME (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) At Work Work 22. I certify that 🗷 (this haspital) attended the deceased fram 19 66 that () (we) last sow the deceased olive an and that in (my) (aur) apinion death accurred on the date and hour and from the gauges stated above. (M. (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff -22-66 23C. PHYSICIAN 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. REMOVAL (Specify) decease

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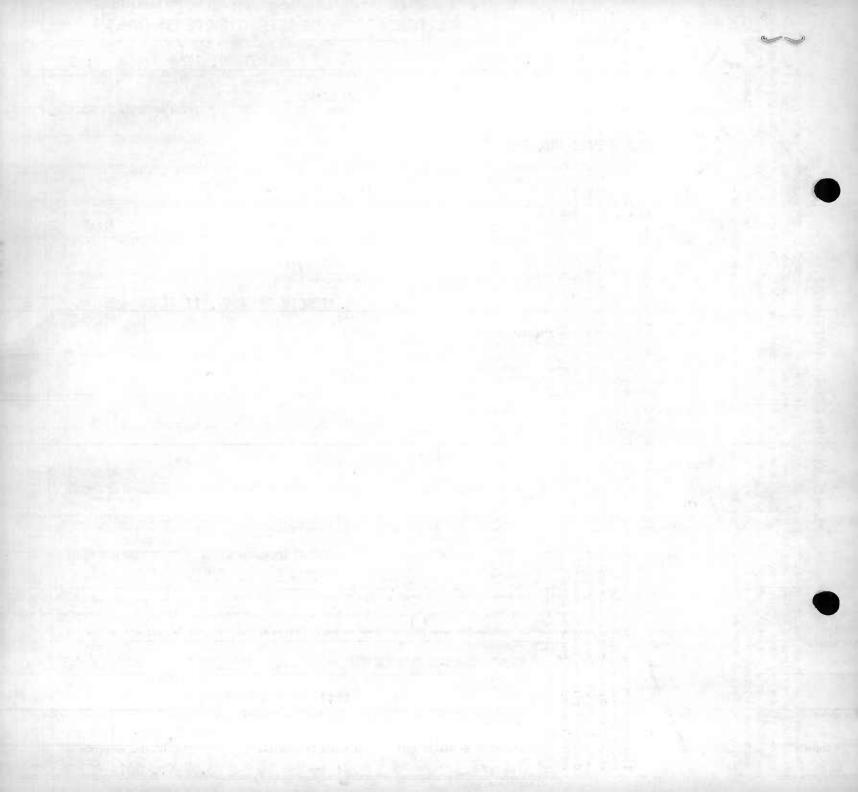
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FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



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INTERVAL BETWEEN

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

	ICAL EXAMINER 3	LEKTIFICATE OF DEATH Regist	erea Na.
A.E. CASE NO. , NAME OF DECEASED		2. DATE AND HOUR PRONOUN	CED DEAD
ypo or Print) WILLIE	GLENN BABINGTO		
PLACE IN BALTIMORE, MARYLAND, W	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived. If in A. STATE B. CC Mary land	stitution: residence before odmission
ULL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOC, ISTITUTION	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside corporate limits, wri	
St. Agnes Hospit	al al	Baltimore D. STREET ADDRESS (If rurol, give locotion)	(3-43
		2030 Harmon Avenue	Witness Co.
SEX 6. RACE Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married	8. DATE OF BIRTH 9. AGE (In years lost birthday) 47	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.
		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
Truck Driver	Transporting	Maryland	WHAT COUNTRY?
Bennie Babing	ton	Minnie M. Eccard	
5. WAS DECEASED EVER IN U.S. ARMÉI os, no or unknown) (If yos, give wor or dot NO		75 Mrs. Victoria Babia 2030 Harmon Ave., 1	
18.	CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not moon the mode of heart failure, asthenia, etc. It mean injury or complication which caused ANTECENDENT CAUS DISEASES OR CONDITIONS, IF IRES TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO	ES ANY, GIVING OTATING THE CONTRIBUTING ELATED TO THE G IT.	riosclerotic Heart Disease.	FINDINGS CONSIDERED
WAS PEI	RFORMED	Yes IN CERTIFYING CAL	JSES OF DEATH? Yes
Q1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g. homo, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	give exact location)
Z1D TIME (Month) (Doy) (You OF INJURY (APPROX.)	WHILE AT TO NO	21F. HOW DID INJURY OCCUR?	
ACTUAL SIGNATURE EXAMINER'S	Inquiry Inspection A	utapsy 🗵 and that an this basis, death In	
AA. BURIAL CREMATION, 23B. DATE EMOVAL (Specify) Burial Sept.	1, 1966 United	or CREMATORY 23D. LOCATION (Cit Brethern Wolfsville	y, town, or county) (Stoto)
Burial Sept.	T, TOO OHIT COU	10110111	(Fred) Marylar
4A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR Paul F. Bittle, Myen	ADDRESS

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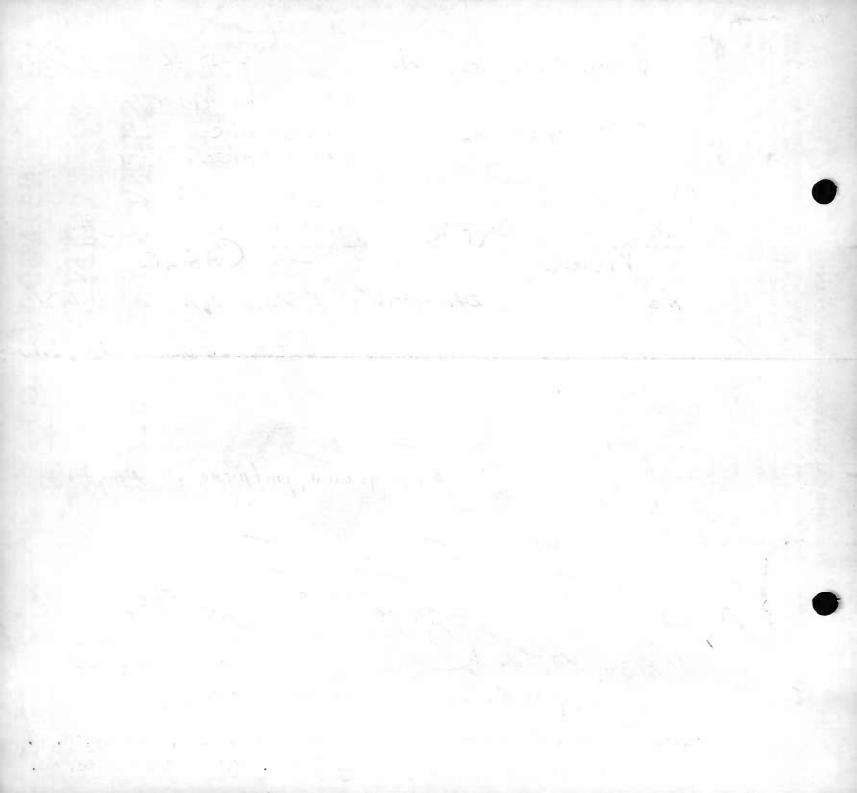
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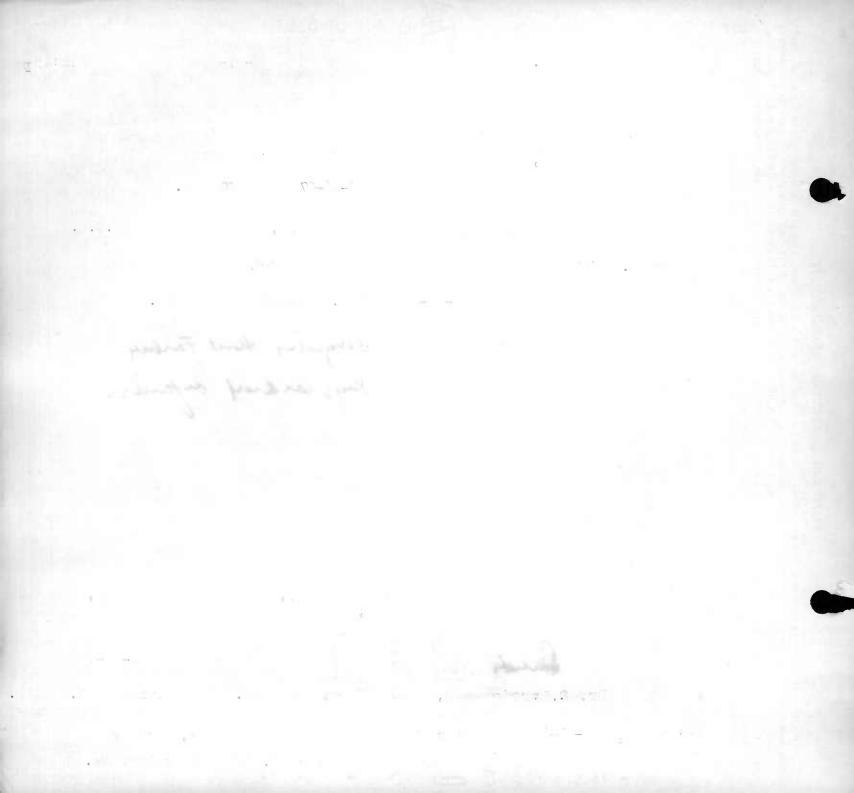
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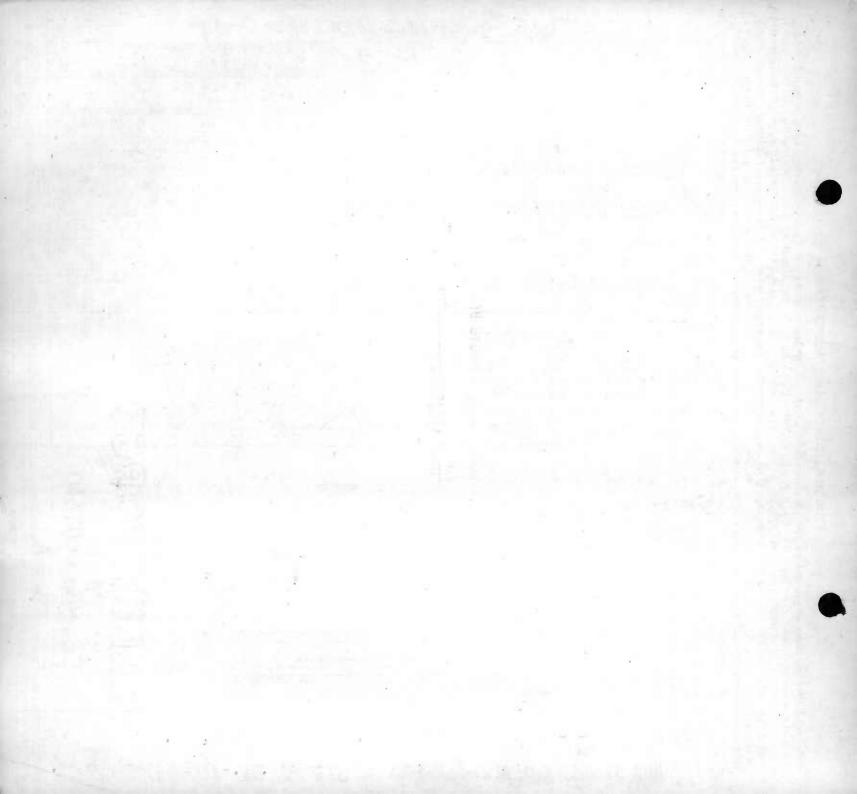
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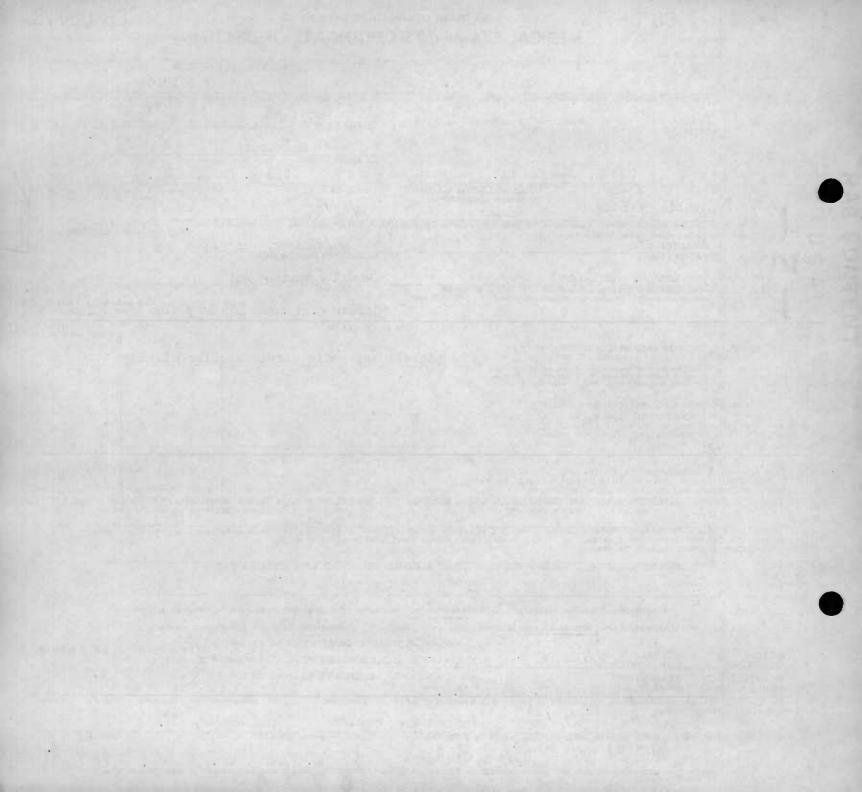
BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Madeline A. Chlad 8/29/66 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rurol, give location) 723 N. Chester St. 723 N. Chester St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday Months, Days, Hours, Min. white female Widow 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dang during most of working life, even if retired) Baltimore, Marylana Housewile 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Justav R. Raubach Sarah Frances Dea 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SO CIAL ADDRESS (Yes, no ar unknown), (If yes, give war or dates of service) SECURITY NO. (hlad Route Box 450 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (AArteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **FICATION** 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED $\overline{0}$ IN CERTIFYING CAUSES OF DEATH? no MEDICAL 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Day) (Year) (Hour) OF INJURY NOT WHILE (APPROX.) WHILE AT 22. Inspection X I certify that I held an Inquiry Autapsy and that an this basis, death in my apinian resulted from: Natural causes X Accident Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. 8/30/66 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Werner U. M.D 23A. BURIAL CREMATION, 23B, DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Ylen Haven (emetery ltimore, 24A. DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR

John A. Moran. Inc. 3000

ADDRESS



FUNERAL DIRECTOR:

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RUMAN MARK BANDALLERER

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FUNERAL DIRECTOR:

8/25 8/46 65 8/26 6 Robert A. Reiter 200 Plinorder all Calters me

	66 00	10		BALTIMORE CITY HEAL	TH DEPARTMEN	T		66	08778)
BIRT	TH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICAT	E OF D	DEATH Registe	ered No		
M.I	E CASE NO.									
1. I	NAME OF DECEASED						HOUR PRONOUNC	ED DEAD		
,	(EDWARD ·	EDDIE	E JONES			t 28, 1966		2:05	M.
3. P	LACE IN BALTIMORE, MA	RYLAND, W	HERE PRONOU	INCED DEAD	A. STATE	vland	deceosed lived. If inst B. COL	titutian: resid JNTY	dence befare ad	missian)
HO	L NAME OF (IF NO SPITAL OR ADDRE	T IN HOSPITA	AL OR INSTITUTION)	TION, GIVE STREET			corparate limits, write	e BURAL or	nd give tawnshi	9
1113					Balt	timore		And the second	- Ox	
	Union Memori	al Hosp	ital		D. STREET ADDR		give lacation) mount Avenu	P		
5. S	EX 6. RACE		7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH				1 Yr, If Under	24 Hrs.
	. 1	gro	WIDOWED, I	DIVORCED (specify)	10-7	1947	9. AGE (In years lost birthday)	Manths	Doys Haurs	Min.
10A	ALE NE USUAL OCCUPATION (Give during most of working life, e	ve kind of work	TOB. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	State or foreign	n country)	12. CITIZE WHA	N OF T COUNTRY?	
	Laborer FATHER'S NAME	, ven n temes,	Kitch	en Helper	Baltimo	re, Mar	yland	U.S	S.A.	
13,	PAINERS NAME				14.100111283 1013	AIDEN NAME				
2.5	Edwa	ard Jo	nes	16. SO CIAL	Ode11 A	rmstead		ADDRESS		
(Yes	s, na arunknawn) ₍ (If yes, giv	e wor ar date	s of service)	SECURITY NO.						
	no				Mrs. Od	ell Jon	es 626 Agne	es Av.	Brielle	, N.J
	18.	. X		CAUSI	OF DEATH	555000			INTERVAL BET	
	DISEASE OR CO	NDITION DI	RECTLY					4		
	LEADING	TO DEATH		(A) Stab I	Wound of N	eck wit	h Transecti	on of		
	(This daes not mean heart failure, asthenio, a injury or complication w	the mode of etc. It means	dying e.g., the discose,		ft Subclav					
	injury ar complication w	hich coused	death.)							
	ANTECEND	ENT CAUSE	S	(D)						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								***************************************	
	UNDERLYING CONDITION LAST.									
N	(C).									
CERTIFICATION	OTHER SIGNIFICANT	II CONDITIONS	CONTRIBUTION	NG.						
은	TO THE DEATH B	UT NOT RE	LATED TO T							
RT	19A, DATE OF OPERATIO			WHICH OPERATION	20A. AUTOPSY	? (Yes ar Na)	208. IF YES, WERE FI	INDINGS C	ON SIDERED	
្រី	2	WAS PER			Yes	Yes				
¥	21A. EXTERNAL CAUSE V	WAS	21 B.	PLACE OF INJURY (e.g., , farm, factory, street,			If in Baltimore City, g	ive exoct lo		
EDICA	UNDERLYING OR CONT	RIB-	hame etc.)	Street	affice bldg., INJURY	occur?	arkley Stre	ets		
ME	21D TIME (Month)	(Doy) (Yea	r) (Hour) 2	TE. INJURY OCCURRED		OW DID INJU				
	OF INJURY (APPROX.)	27 166					uring alter	cation	1.	
	22.			Inspection Au			1			
	resulted from:			ccident Suicid			Indetermined monn			
	resulted from:	14010101 60	nses []	Solett			AMINER _			
	ACTUAL	01	1 1	1					DATE SIG	NED
	SIGNATURE	Ch	ally I	Tolly M.D	ASSISTANT MI		- paramag		8/28/6	6
	EXAMINER'S NAME (Type)	Char:	les S. E	etty, M.D.	ASSOCIATE M	EDICAL EX	(AMINER]			
	MOVAL (Specify)	23B. DATE	23	C. NAME of CEMETERY	or CREMATORY			, town, ar		Stote)
	Burial	9-1-66		Mt. Auburn	STEEL STEEL		ltimore, Ma			
24	A. DATE REC'D BY HEALT	H DEPT.	248, NAME	OF REGISTRAR		AL DIRECTOR			ADDRESS	
	AUG 3	1966	(Colorb	E. Farbura	Marsh	all.W.	Jones, Jr.	1735 H	lariord	ave.
VS	151-REV. 1/1/65	OAL		V 1	10-1					

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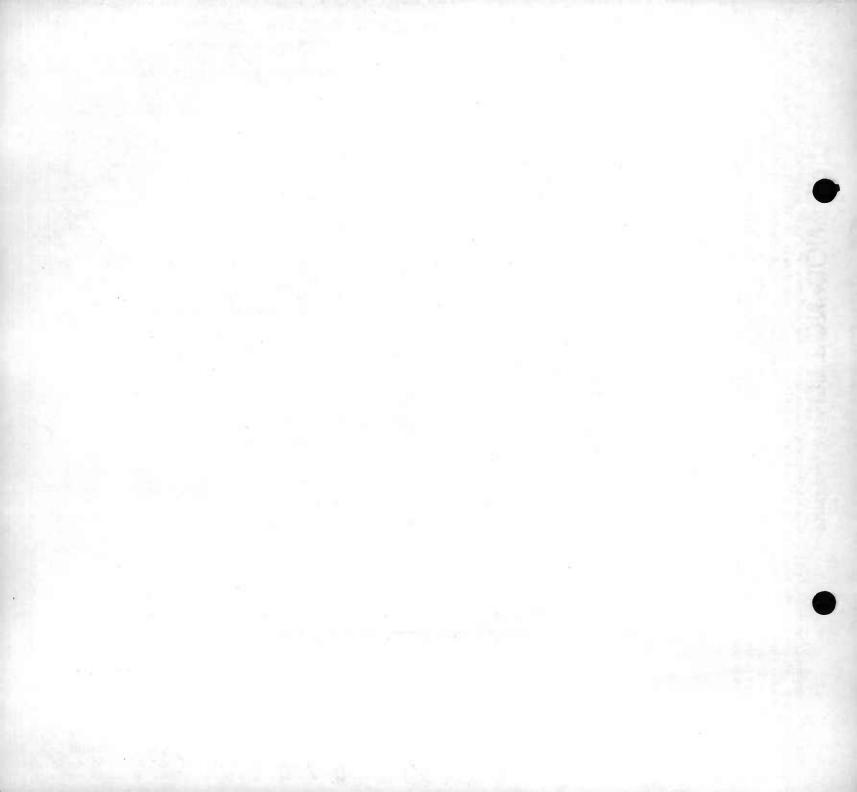
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VS 150-REV. 1/1/65

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Deceased death

death.



DIRECTOR:

FUNERAL

66 08780

BIRTH NO.

IMPORTAN

DIRECTOR:

FUNERAL

CERTIFICATE OF DEATH the M.E. CASE NO. 2. DATE AND HOUR OF DEATH receased lived, if institution; residence before odmission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours : Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOBOY (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) ((our) pinian death accurred an the date 238. DATE SIGNED deceased written ap (City, town, or county) Was SONS INC 4015 CHESTE VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

Corrected by form from funeral director. Statement from Mercy Hospital - patient expired 8/29/66 at 11:00 P.M.

#7 corrected to divorced. Decree of divorce - No. 57399 - Equity 80/319. File date: 5/19/66. John Grason Turnbull, Judge. Circuit Court for Baltimore County.

10/20/66

66	08/81		BALTIMORE CITY HEAD	LTH DEPARTMEN	IT		66 08781
BIRTH NO.	MEDI	ICAL EX	AMINER'S C	ERTIFICA1	E OF D	DEATH Register	red No.
M.E. CASE NO.							
1. NAME OF DECI	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD
riype of rillin	EDWARD		TASKER			st 29, 1966	11:15 A M
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	EN CE (Where	deceased lived. If insti	tution: residence before odmission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION CLVE STREET	ı Mai	ryland		
HOSPITAL OR	ADDRESS OR LOCA	(TION)	THE TIMES	C. CITY OR TOV	VN (If outside	corporate limits, write	RURAL and give township)
1					ltimore		
	2128 W. Mulb	erry St	reet	D. STREET ADDR	ESS (If jurol,	give location)	
						ulberry Stre	eet
	. RACE	7. MARRIED, WIDO WED.	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	1	9. AGE (In years	If Under 1 Ys. If Under 24 Hr. Months, Doys Hours Min.
Male	Negro		ngle	3-11-09		57	
		108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of we	orking life, even if retired)			Marylan	d		U.S.A.
13. FATHER'S NAME				14. MOTHER'S M.	AIDEN NAME		
	Tohn	To alson			Tor	abelle Ada	me
15. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	7.50	ibelle hua	ADDRESS
(Tes, no or unknown)	If yes, give wor or dote	s of service)	SECURITY NO.	Tarras Co	ecand.	2124 17	Mulberry St.
18.		6	17-01-8646		TTOLU	RILO W.	
40	2.11		CAUSE	OF DEATH			ONSET AND DEATH
DISEASI	OR CONDITION DILEADING TO DEATH	RECTLY	A 20 to - 20	i o a o I - moto			
(This does no	t mean the made of	dvina e.a.	DUE TO	Toscieror.	le card	iovascular d	isease
injury or com	osthenio, etc. It meons plication which coused	the discose, death.)					
A.	NTECENDENT CAUSE	c					
	R CONDITIONS, IF A		(B)DUE TO			***************************************	
RISE TO THE	ABOVE CAUSE (A) ST	TATING THE	002.10				
	CONDINON CASI.		(C)				
5	11						
OTHER SIGN	FICANT CONDITIONS	CONTRIBUTION	IG				
E DISEASE OR	CONDITION CAUSING	IT.					
OTHER SIGNI TO THE D DISEASE OR	OPERATION 198, CON		VHICH OPERATION	20 A. AUTOPSY	(Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
10				No			
UNDERLYING UTING CAUS	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. W	HERE DID (If in Boltimore City, giv	e exact location)
E 21 D TIME	(Month) (Doy) (Year) (Hous) 2	TE. INJURY OCCURRED	21 F. H C	W DID INJU	RY OCCUR?	
OF INJURY (APPROX.)		v	HILE AT NOT	WHILE ORK			
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resulte	ed fram: Notural con	uses X A	ccident Suicid	e Homicle	de U	Indetermined monne	r 🗌
	01/ 12	0	3 6	CHIEF ME	EDICAL EX	AMINER _	

DATE SIGNED

ACTUAL SIGNATURE

EXAMINER'S Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER X

NAME (Type)

23D. LOCATION

August 29, 1966

(City, town, or county)

23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)

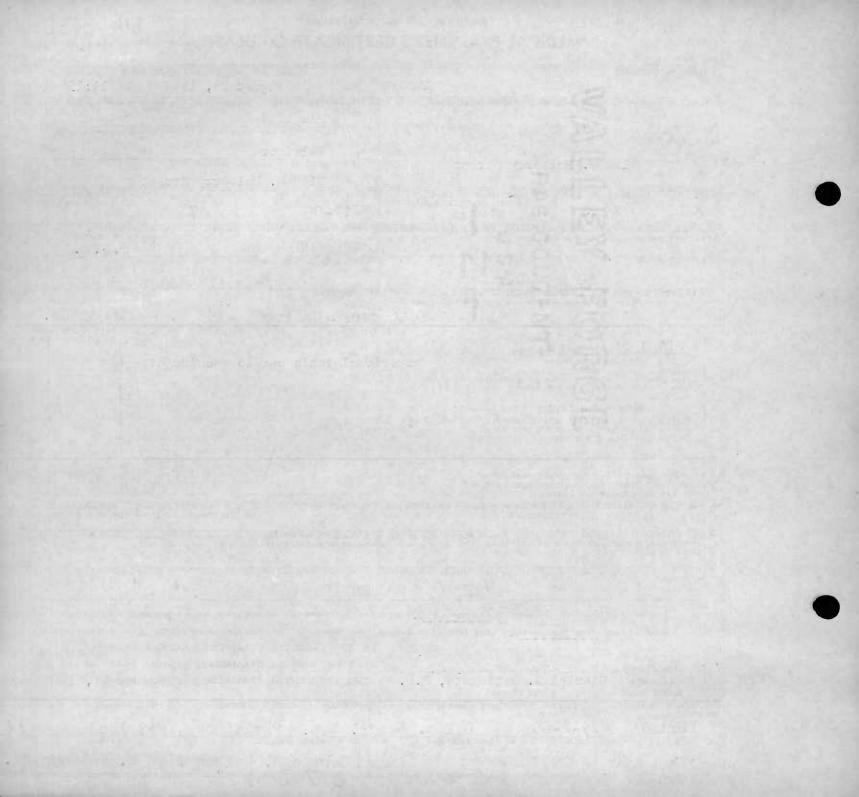
Balto. Nat'l. Cem. Baltimore, Maryland
REGISTRAR O 24C. FUNERAL DIRECTOR ADDRESS

Burial 9-2-66
24A. DATE REC'D BY HEALTH DEPT. | 2 BY HEALTH DEPT. 248. NAME OF REGISTRAR AUG 31 1966 COLOR E. TON

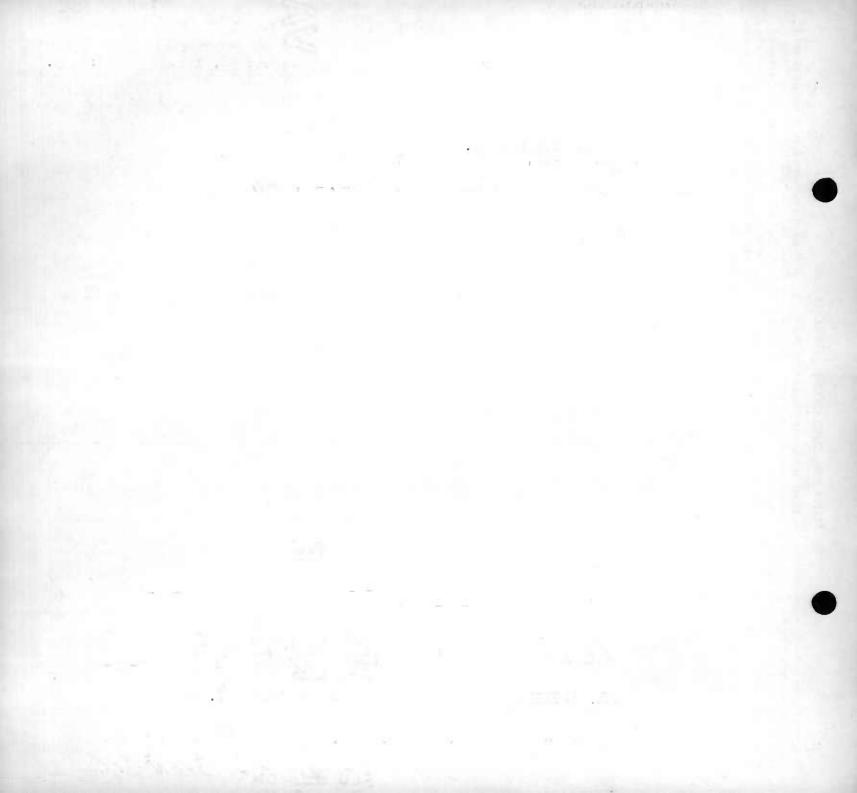
23C. NAME of CEMETERY or CREMATORY

George G. Kelson 1348 N. Calhoun St.

VS 151-REV. 1/1/65

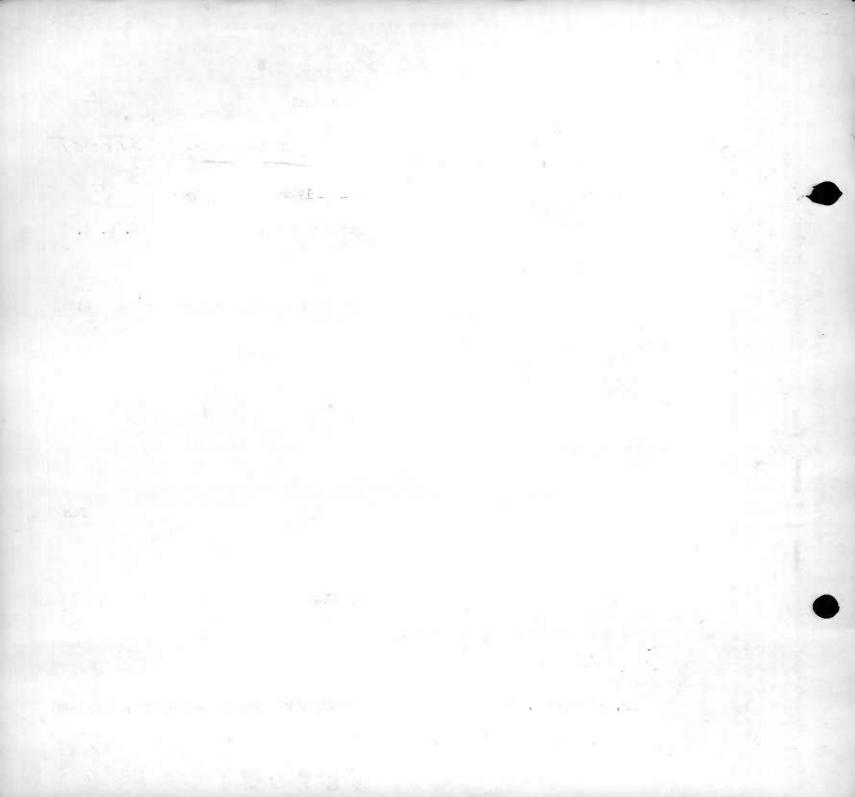


FUNERAL DIRECTOR:



VS 150-REV, 1/1/65

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_ W (T	NAME OF DEC			D	2. DA	TE AND HOUR OF DEATH	2 75
و <u>.</u> 3.	PLACE OF DEA	ATH IN BALTIMORE, MA	en Mary	Downey	M4 LISUAL RESIDENCE	Aug. 31, 1966 (Where deceased lived. If inst	3: 15
le at	12702 01 22	THE TAXABLE PARTY			A. STATE B.	COUNTY	indion. residence before du
Н	FULL NAME O	F (If not in hospital oddress or location	or institution, g	give street	C. CITY OR TOWN	(If outside city limits, write RU	1/1
5	INSTITUTION					Kaway	JKAL ond give township)
X		blic Health S			D. STREET ADDRESS	(If rural, give location)	
	Wyman	Pk. Drive &	31st St	reet	20 1	Katharine Road	
5.	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months: Doys Hours
	F	W	Marr:	ied	4/28/36	30	
	one during most of	working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House	ewife			NY	***	USA
13	FATHER'S NAA				14. MOTHERS MAIDE		
	Ro	oger Feeney			Kathleer	n Franklin	
15	. Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	No	If yes, give wor or dote	. J UI SETVICE/	094-28-9729	Records- I	IS PHS Hospital,	Balto Md
-	18. > 0.0	0.0		CAUSE O		- 1 100 Production,	INTERVAL BETWE
1	DISEAS	SE OR CONDITION DIE	RECTLY				ONSET AND DEA
		LEADING TO DEATH	1.		piration of g	astric contents	Terminal
	heort foilure,	ol meon the mode of osthenio, etc. It meons	the diseose,	DUE TO			
		aplication which coused			neralized ret	ciculum cell	5 mos.
	1	ANTECEDENT CAUSES		DUE TO	sarcoma	**********************	
D	DICEASES	AL COMPLETONIC II			Dat Comm		
	rise to the	OR CONDITIONS, if a bove couse (A)		(C)			
2	rise to the			(C)			
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	tise to the	e obove couse (A) G CONDITION lost.	SOUTHIBUTING	3			
MOITACE	tise to the	e obove couse (A) G CONDITION lost.	CONTRIBUTING				
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14.0	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	CONDITION IOSI. FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I OPERATION 19B. CONWAS PER NT WAS UNDERLYING TAUSE OF medicol exominer)	CONTRIBUTING ATED TO THE T. DITION FOR W FORMED 218. hommetc.) (Hour) 21E. Whill Work	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred INJURY OCCURRED Le At Not While At Work	20 A. AUTOPSY? (Yes TO or obout 21 C. WHERE I	or No) 20R. IF YES, WERE FII IN CERTIFYING CAU: DID (If in Boltimore UR?)	NDINGS CONSIDERED SES OF DEATH? City, give exact locofion)
NOIT OF STEEL OF STEE	OTHER SIGNI TO THE D DISEASE OR 19A.DATE OF 07 CONTRIBU DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. 1 certify	e obove couse (A) G CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CON WAS PERINT WAS UNDERLYING TAUSE OF medicol exominer)	CONTRIBUTING ATEL TO THE T. DITION FOR W FORMED 218, hommetc.) (Hour) 21E, Whill Worl	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred INJURY OCCURRED Le At Not While At Work	20A. AUTOPSY? (Yes n or obout 21C. WHERE Iffice bidg., INJURY OCCI	or No) 208. IF YES, WERE FII IN CERTIFYING CAU: DID (If in Boltimore UR? D INJURY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact locofion)
CAL CEPTIEN	OTHER SIGNI TO THE D DISEASE OR 19A.DATE OF OR CONTRIBU DEATH (notify 22. I certify that (V (we)	CONDITION Iost. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING IOPERATION 198. CONWAS PERIOD (Month) (Doy) (Yeor) that (I) (this haspital last saw the decease	CONTRIBUTING ATED TO THE T. DITTON FOR W FORMED 21B. hom etc.) (Hour) 21E. Whill Worl	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of injury occurred le At At Work At Work Aug. 31	20 A. AUTOPSY? (Yes n or obout 21 C. WHERE I ffice bidg., INJURY OCCI 21 F. HOW DI e	or No.) 208. IF YES, WERE FILIN CERTIFYING CAU: OID (If in Boltimore UR? (If in Boltimore DINJURY OCCUR? 1966 to Aug.	NDINGS CONSIDERED SES OF DEATH? City, give exact locofion)
14.0	OTHER SIGNI TO THE D DISEASE OR 19A.DATE OF OR CONTRIBU DEATH (notify 22. I certify that (V (we)	FICANT CONDITIONS CLEATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CON WAS PER INT WAS UNDERLYING CAUSE OF medicol exominer) That (1) (this haspital last saw the decease d from the causes star	CONTRIBUTING ATED TO THE T. DITTON FOR W FORMED 21B. hom etc.) (Hour) 21E. Whill Worl	PLACE OF INJURY (e.g., in e, form, foctory, street, of injury OCCURRED Not While the deceased fram	20 A. AUTOPSY? (Yes n or obout 21 C. WHERE I ffice bidg., INJURY OCCI 21 F. HOW DI e	or No) 20B, IF YES, WERE FII IN CERTIFYING CAU: OID (If in Boltimore UR? D INJURY OCCUR? 1966 to August and that in (1967) (aur) apinionath.	NDINGS CONSIDERED SES OF DEATH? City, give exact locofion)
14.0	OTHER SIGNI TO THE D DISEASE OR 19A.DATE OF OR CONTRIBU DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. I certify that (U (we) and haur and 23A. SIGNATU	ODERATION OF CAUSE OF Medical examines of the table of table	CONTRIBUTING ATED TO THE T. DITTON FOR W FORMED 21B. hom etc.) (Hour) 21E. Whill Worl	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred le At At Work and deceased from Aug. 31	20A. AUTOPSY? (Yes nor obout 21C. WHERE I ffice bldg., INJURY OCCI 21F. HOW DI 4 15 19 66 a	or No) 20B, IF YES, WERE FII IN CERTIFYING CAU: OID (If in Boltimore UR? D INJURY OCCUR? 1966 to August and that in (my) (aur) apinimeath.	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion) 31 196 ion death accurred an to 238, DATE SIGNED
14.5	OTHER SIGNI TO THE D DISEASE OR 19A.DATE OF 0 C 21A. ACCIDED OR CONTRIBU DEATH (notify 1D. TIME OF INJURY (APPROX.) 22. I certify that (IV (we) and haur and 23A. SIGNATU	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION WAS PERINT WAS UNDERLYING DATE CONDITIONS CAUSING I OPERATION (Month) (Doy) (Yeor) That (I) this haspital last saw the deceased from the causes started	CONTRIBUTING ATED TO THE T. DITTON FOR W FORMED 21B. hom etc.) (Hour) 21E. Whill Worl	PLACE OF INJURY (e.g., in e, form, foctory, street, of the foctory, street, of the foctory) with the deceased fram Aug. 31 (We) (did) (did fine) with the first content of the foctory) with the foctory of the foctory	20 A. AUTOPSY? (Yes n or obout 21 C. WHERE I ffice bldg., INJURY OCCI 21 F. HOW DI e	or No) 20B, IF YES, WERE FII IN CERTIFYING CAU: OID (If in Boltimore UR? D INJURY OCCUR? 1966 to August and that in (1967) (aur) apinionath.	NDINGS CONSIDERED SES OF DEATH? City, give exact locofion)
14.0	OTHER SIGNITION THE DO DISEASE OR 19A. DATE OF OR CONTRIBUTION THE DO DEATH (notify 12). The DEATH (notify 14) that (ly (we) and haur and 23A. SIGNATU	ODDERATION CAUSING I OPERATION (I)	CONTRIBUTING ATED TO THE T. CONTRIBUTING THE TO THE	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred le At At Work has deceased from Aug. 31	20 A. AUTOPSY? (Yes n or obout 21 C. WHERE I ffice bldg., INJURY OCCI 21 F. HOW DI e	or No) 20B. IF YES, WERE FII IN CERTIFYING CAU: DID (If in Boltimore UR? DINJURY OCCUR? 1966 to Aug. and that in (my) (aur) apini eath. Stoff Phys. X	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion) 31 196 ian death accurred an to 23B. DATE SIGNED 8/31/66
A CICAR	OTHER SIGNI TO THE D DISEASE OR 19A.DATE OF OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (V (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T. Charl	ODERATION (Yeo) That (1) (this haspital last saw the deceased from the causes storige) The condition of the cause of the	CONTRIBUTING ATED TO THE T. CONTRIBUTING ATED TO THE T	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred le At At Work has deceased from Aug. 31	20A. AUTOPSY? (Yes no obout 21C. WHERE I ffice bldg., INJURY OCCI 21F. HOW DI 21F. HOW DI 21F. HOW DI Aug. 15 19 66 clew the body after de anding Med. 5. Director 23D. ADDRESS US PHS Hosp	or No. 208. IF YES, WERE FILIN CERTIFYING CAU: DID (If in Boltimore UR? 1966 to Augund that in (m// (aur) apini eath. Stoff Phys. X ital, Balto, Md	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion) 31 196 ian death accurred an to 23B. DATE SIGNED 8/31/66
N S S S S S S S S S S S S S S S S S S S	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 0R CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (IV (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T Charl	CONDITION IOSI. FICANT CONDITIONS CATH BUT NOT RELACED TO THE CONDITION CAUSING IOPERATION WAS PERIOD (Month) (Doy) (Yeor) That (I) (this haspital last saw the deceased from the causes stated from the cau	CONTRIBUTING ATED TO THE T. DITION FOR W FORMED 21E. While World 1) attended the ed alive an	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred by the deceased from Aug. 31 (We) (did) (did her) while her deceased from Aug. 31 (We) (Aug. 31 M.D. Atterphy	20A. AUTOPSY? (Yes no or obout 21C. WHERE I ffice bldg., INJURY OCCI 21F. HOW DI e 19 66 o riew the body after do ending Med. Director 23D. ADDRESS US PHS Hosp	or No. 208. IF YES, WERE FILIN CERTIFYING CAU: DID (If in Boltimore UR? 1966 to Augund that in (m// (aur) apini eath. Stoff Phys. X ital, Balto, Md	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion? 31 196 ian death accurred an to 23B, DATE SIGNED 8/31/66
24	orther signit to the UNDERLYING other signit to the D other signit to the S other signit	ODERATION (Yeo) That (1) (this haspital last saw the deceased from the causes storige) The condition of the cause of the	CONTRIBUTING ATED TO THE T. DITION FOR W FORMED 21E. While World 1) attended the ed alive an	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred le At At Work and deceased from Aug. 31 (We) (did) (did hor) while the deceased from Aug. 31 (R) M.D. Atterby of CRICAL COMMENT OF CEMETERY OF CRICAL COMMENT OF CRICAL COMM	20A. AUTOPSY? (Yes no or obout 21C. WHERE I ffice bldg., INJURY OCCI 21F. HOW DI e 19 66 o riew the body after do ending Med. Director 23D. ADDRESS US PHS Hosp	or No. 208. IF YES, WERE FILIN CERTIFYING CAU: OID (If in Boltimore UR? Aug. and that in (m// (aur) apinimenth. Stoff Phys. X ital, Balto, Md 24D. LOCATION (City Pine Lawn, Lon	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion? 31 196 ian death accurred an to 23B, DATE SIGNED 8/31/66

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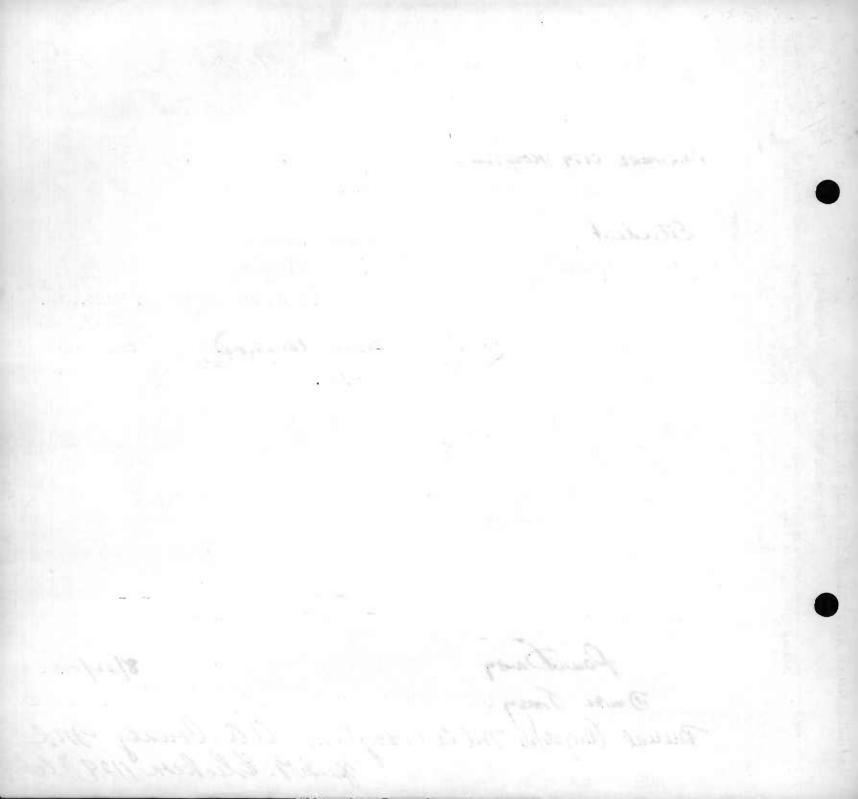
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IMPORTANT DIRECTOR: FUNERAL

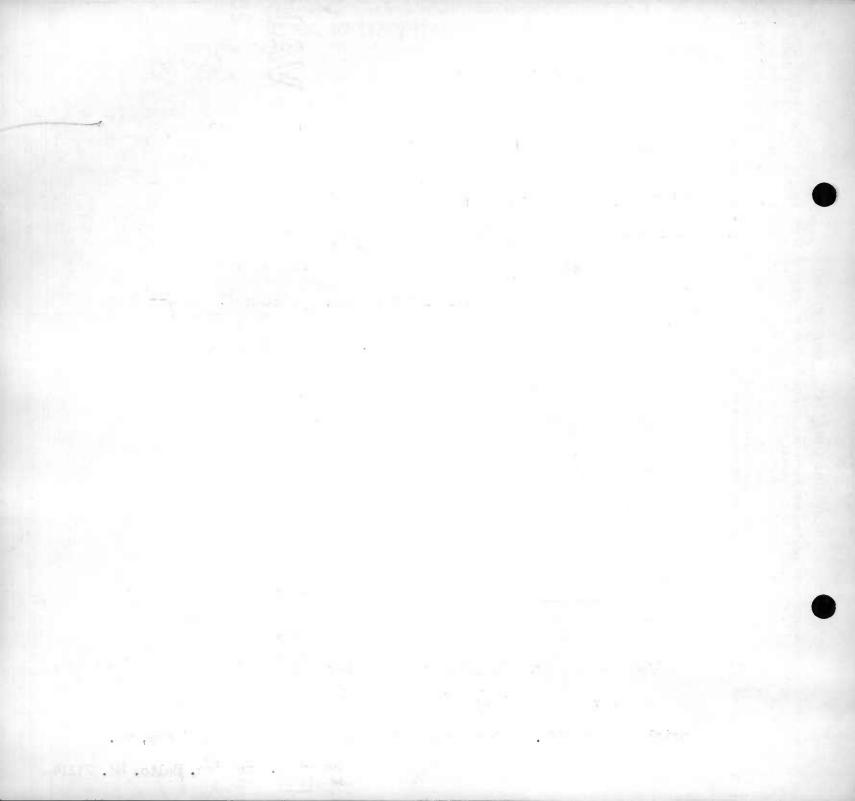
(If outside city limits, write RURAL and give township) Ave. If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mrs. Marie E. Mastracci INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED (City, town, or county) (State) ADDRESS

10 3 Market Market and the second s And the state of t

MERCANDONAS. E. Ch. Luc. Sales

Lower war was word

00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		ce nersen
IRTH NO. 66 08789	CERTIFICA	TE OF DEATH	Registered No.	66 08789
A.E. CASE NONAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	1/
Type or Print William L	BP. 1		0/201	11 530 B
PLACE OF DEATH IN BALTIMORE MARYLAN	ID TEED	4. USUAL RESIDENCE (Whe	re deceased lived.	institution: residence before odmissi
		A. STATE B. COUN		
FULL NAME OF (If not in hospital or inst	titution, give street	MARYLAND		
INSTITUTION	C. CITY OR TOWN (If our BALT I MORE		RURAL and give township)	
Tue laure Hann	una Hannara		#13	6-0
3 THE JOHNS HOPKI	NS HOSPITAL		rurol, give location)	
		3595 SHANI	NON DRIVE	
SEX MALE 6. RACE 7. M	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months: Doys Hours Min
MAXXX WHITE		6	69	
DA. USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF
Mechanic Re	fridgeration	Maryland		USA
3. FATHER'S NAME	8	14. MOTHER'S MAIDEN NA	MF	
0 11				
JOHN W Redd		BERTHA DO	RMAN	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	44 0	ADDRESS
no	215-09-4239 1	Mrs. Estell	a M. Reed	Jame
18.		F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	٧			ONSET AND DEATH
LEADING TO DEATH	Res	iretony foilure 20	cher in lun	120
(This does not meon the mode of dying	, e.g., Dut to	7.1.47	37.6./	
heart failure, osthenio, etc. It means the d injury or complication which coused death	IISBOSB.			135
ANTECEDENT CAUSES	(B) direct	hosis 2º Alcol	10/154	
	DUE TO		***************************************	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis				
UNDERLYING CONDITION lost.		***************************************		•
11				
Z CONTRACTOR OF THE PROPERTY O				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	10 THE			
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
The state of the s		No	N. CERM MICO C.	AUSTES OF DEATH.
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
(DEATH (notify medical examiner)	etc.)	mee siags, miss ki o c cok.		
21D. TIME (Month) (Doy) (Year) (Hos	at) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Whi			
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) atte	ended the deceased from	8/28	19 66 to	8/29 19 18
that (1) (Jast sow the deceased oli	ve on 8/29	1966 and the	ot in (my) (and ap	inion deoth occurred an the
and hour and fram the couses stated at				and the
23A. SIGNATURE	nove: (i) fals (gig) (anamar)	riew the bady offer deoth.		23B, DATE SIGNED
5	S M.D. AH	ending Med.	Staff	0 / 1/
Muray a.	Phy	s. Director	Phys.	8/29/60
23C. PHYSICIAN'S NAME (Type)	Y	23D. ADDRESS		
MURRAY A	KATZ M.D.	THE JOHNS	HOPKINS	HOSPITAL
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CR			City, town, or county) (State
Burial 9/2/66.				ore, Md.
7/2/000	Gardens of Fait			
E116 Of	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 31 1966 P. C	PENOT & STEWARD .	TEOHATO D. I	uck inc. Ba	lto. Md. 21214
150-REV. 1/1/65			1	



4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) flf autside city limits, write RURAL and give tawnship) If Under 1 Yr. If Under 24 Hrs. Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? Same INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) ADDRESS

Charles and the same A Transfer Williams

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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. M.E. CASE NO.	00791	CERTIFICA	TE OF DEATH	Registered Na.	30.01
Type or Print)	mary m	elinda	cul.	AND HOUR OF DEATH	1 3:21 P.
B. PLACE OF BEATH IN VALTI	MORE, MARYLAND	cityaa	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived, If in	nstitution: residence befare odmission)
FULL NAME OF HOSPITAL OR Oddiess	in hospitol or institution or location)	, give street	C. CITY OR, TOWN (III	and outside city limits, write	RURAL and give townships
O Wukela	nd Neur	siny Home	D. STREET ADDRESS	(If rurol, give locotion)	149
			2034 me	Charles	reel
Female heg		D, NEVER MARRIED ED. DIVORCED (specify)	8/18/69	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give one during most of working life, eve		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Hause Wife		í	14. MOTHER'S MAPPEN N	NAME	U, D, H,
Nehemias	2 Dat	is	Unth.	nound	
. Was Deceased Ever in U. S. es, no or unknown) (If yes, give	Armed Forces? wor or dotes of service!	16. SOCIAL SECURITY NO.	Dukeland Nur	sing 1501 h	V Duke Wind ST.
18. 443 X 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND		(A) Her	ristensive (U. Dieno	o. 1000
(This does not meon the heart failure, asthenia, etc.	. I) means the diseas	DUE TO//		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
injury ar camplication whi		(B)	terrosclero	काड	2048.
DISEASES OR CONDITION		DUE TO			
underlying condition		e (C)			
OTHER SIGNIFICANT CON TO THE DEATH BUT	NOT RELATED TO 1				
DISEASE OR CONDITION	19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF he	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	or obout 21 C. WHERE DID fice b)dg., INJURY OCCUR?	(If in Boltimor	e City, give exact locotion)
21 D. TIME (Month) (De OF INJURY	V	E. INJURY OCCURRED Vhile At Not While Vork	21F. HOW DID I	NJURY OCCUR?	
22. I certify that (I) (this	hospital) attended		8-2-	1966 to 8	- 26- 1966
that (I) (we) last saw the					nian death accurred an the dat
and haur and fram the co	luses stated above.	(1) (#4) (did) (#14 not) v	lew the bady after deat	n.	23 B. DATE SIGNED
Tercer	al XX		Med. Director	Stoff Phys.	8-26-66
23 C. PHYSICIAN'S NAME (Type)	C Cmith	M.D.	23D. ADDRESS	-: II 7.F	FOR N. Dealers and Ca
Dr. Percival AA. BURIAL CREMATION, 24B		NAME of CEMETERY OF CRE			ity, town, or county) (State)
REMOVAL (Specify)	1/0:/.	1 0.		7 1-	. ()
Burial, 8	131/66 7	rt. Zuan	1 /2	altemari	2 nd

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maryland Rellinge 2054 pro Called STreet Lb 63/81/8 Familia hegre Dutyped Hereing 1501 H Dake 16-3 T

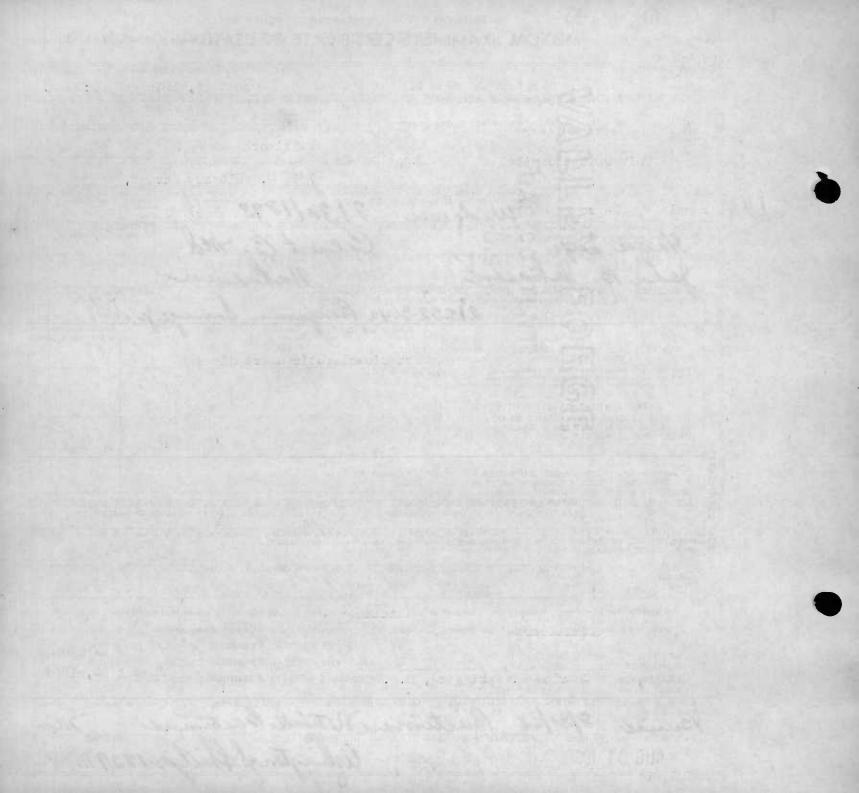
IMPORTANT

DIRECTOR:

FUNERAL



	EKTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	
(Type of Print) SARAH SAVAGE	2. DATE AND HOUR PRONOUNCED DEAD
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 26, 1966 9:00 A. M.
A TEACH IN BACHMORE MARIEARD, WHERE FRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
NSTITUTION ADDRESS OF EOCHION	Baltimore /7 A 3
University Hospital DOA	D. STREET ADDRESS (If rurol, give locotion)
oniversity hospital Box	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	786 W. Mulberry Street, B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Female Negro WIDOWED, DIVORCED (specify)	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR	NY 11. BIRTHPLACE (Stole or foreign country) () 12. CITIZEN OF
lone during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FAUSE WIFE 3. FATHER'S NAME	Calciert Co. Ma.
John B Colone	AL A
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS A ADDRESS
5. WAS DECEASED EVER IN U.S ARMED FORCES? Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	D 1 2122
215.32-364	13 Denjamin Sauge & ash huster
18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
LEADING TO DEATH (A) Arter	riosclerotic heart disease
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	
wildly or compression will coused decins	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	Yes Yes
	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	omce biog., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT IN NOT	WHILE
m. WORK AT V	VORK
	and that an this basis, death in my apinian
resulted from: Natural causes X Accident Suicid	de Hamicide Undetermined manner
21 100	CHIEF MEDICAL EXAMINER
ACTUAL (hours)	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	
NAME (Type)	ASSOCIATE MEDICAL EXAMINER
3A. BURIAL CREMATION, 238. DATE / 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
EMOVAL (Specify) 8/30/66 Battime	a National Bart - my
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	Dall: # 101.00: 1200)
AUG 31 1966 Robert E. Farleyman	Muniglang, Thelips 17211. Mon
/S 151-REV. 1/1/65	



letter from S. Bolto. Gen Horp -Franc O. Hele died Hzg/66

SHORT SHOW I

ELIZIN STILL ELEC-

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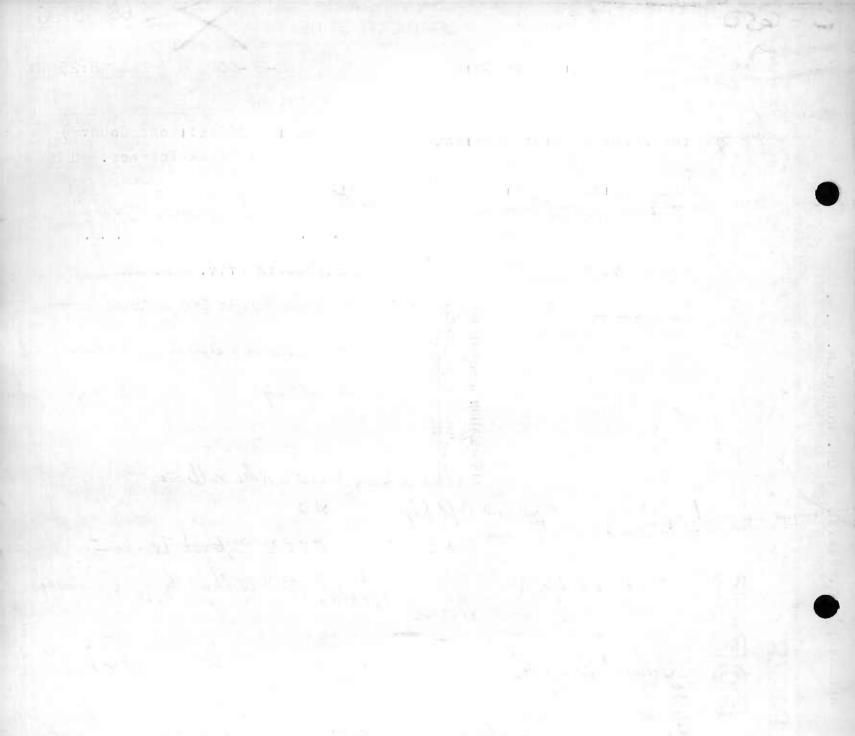
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DIRECTOR: IMPORTANT

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		BALTIMORE CITY	HEALTH DEPARTMENT	CC DOMON
	th No. 66 08797	CERTIFICA	TE OF DEATH Regist	rered No. 66 U8797
	E CASE NO.		2. DATE AND HOUR	OF DEATH
(Ту	pe or Print) WISEMAN.	BESSIE FRE	ERIKA ALGO 30	1966 6 A M lived. If institution: residence before admission
3.	PLACE OF DEATH IN BALTIMORE, MARYLAN	ND	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
	FULL NAME OF (If not in hospital or ins	41441		
1	HOSPITAL OR oddress or location)	titution, give street	C. CITY OR TOWN (If outside city In	mits, write RURAL and give pwnship)
1	NSITO TON			
1	1	11	D. STREET ADDRESS (If rurol, give	ocotion)
4	high Memorial SEX 16. RACE 17. M	Hosp.	5207 YOR	K ROAD
5.	SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In	years If Under 1 Yr., If Under 24 Hrs.
	W. F	M. M.	02-09-95 7	
	USU'AL OCCUPATION (Give kind of work 10 B. I	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
	e during most of working tife, even if retired)	Dept. Store	MARYIANIT	
13.	FATHERS NAME	20 po. 50010	14. MOTHERS MAIDEN NAME	
	WILLIAM WISE,	14 1 1/	I/ATUES 1 A	- / 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
15	Was Deceased Ever in U. S. Armed Forces?		17 INFORMANIA	E LEMBACK
(Ye	s,no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	17. INFORMANT R. Kemper	913 Starbit Rd."
	No	215-10-9113		Fowson, Md. 21204
	1B. / / 4/10 X		F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL	Y	T 1 2 = 20	
	(This does not mean the mode of dyin-	(A)	Tump of the lt. possible metass umar of thyrai	lung
	heort failure, asthenio, etc. It meons the	liseose,	0	0
1	injury or complication which caused death	1 ₀)	nossible metas	tasis to brain
	ANTECEDENT CAUSES	DUE TO	-	
	DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stati	giving (C)	amor of Thyras	d -:
	UNDERLYING CONDITION lost.	(0)	7	CLIK'K!
				- Com
O	OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING		
AT	DISEASE OR CONDITION CAUSING IT.			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes or No) 20B. IF Y	FYING CAUSES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID (If	in Boltimore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, c	thice bidg., INJURY OCCUR?	
DIC	21 D. TIME (Month) (Doy) (Year) (Ho	ut) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	107
ME	OF INJURY (APPROX)	While At Not Whi		
	(APPROX)	Work At Work	1 -1	
	22. I certify that (I) (this hospital) atta		8 25/ 1966	
	that (1) (we) last sow the deceased oli	ve on 8/29/	19 66 and that in (my)	(our) opinion death occurred on the date
	and hour and from the causes stated o	,		
	23A. SIGNATURE			23B. DATE SIGNED
	->1 6-2	M.D. Att	ending Med. Stoff	8/30/66

ZOLTAN

1,

1966

24A. BURIAL CREMATION, 24B. DATE
BUTIAL (Specify) Sept.

25A. DATE REC'D BY HEALTH

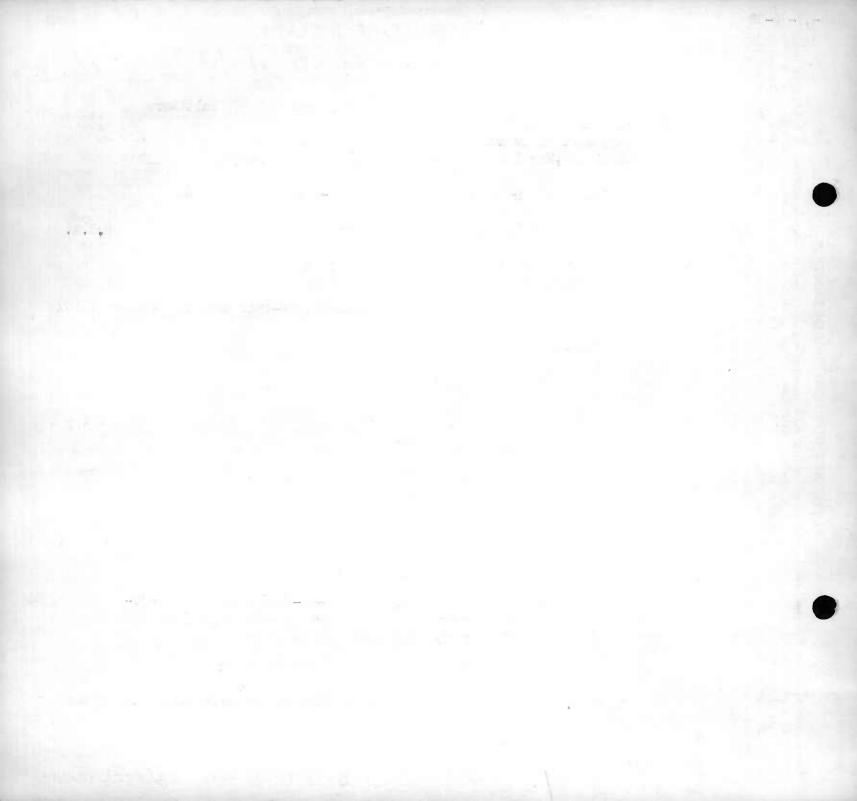
VS 150-REV. 1/1/65

23D. ADDRESS M.D. 24D. LOCATION (City, town, or county) (Stote) Western Cemetery Baltimore, Md. 24C. FUNERAL DIRECTOR Eugenia K. Seitz 5209 Baltimor, Md. 21212 Se 258. NAME OF REGISTRAR ADDRESS York R oad

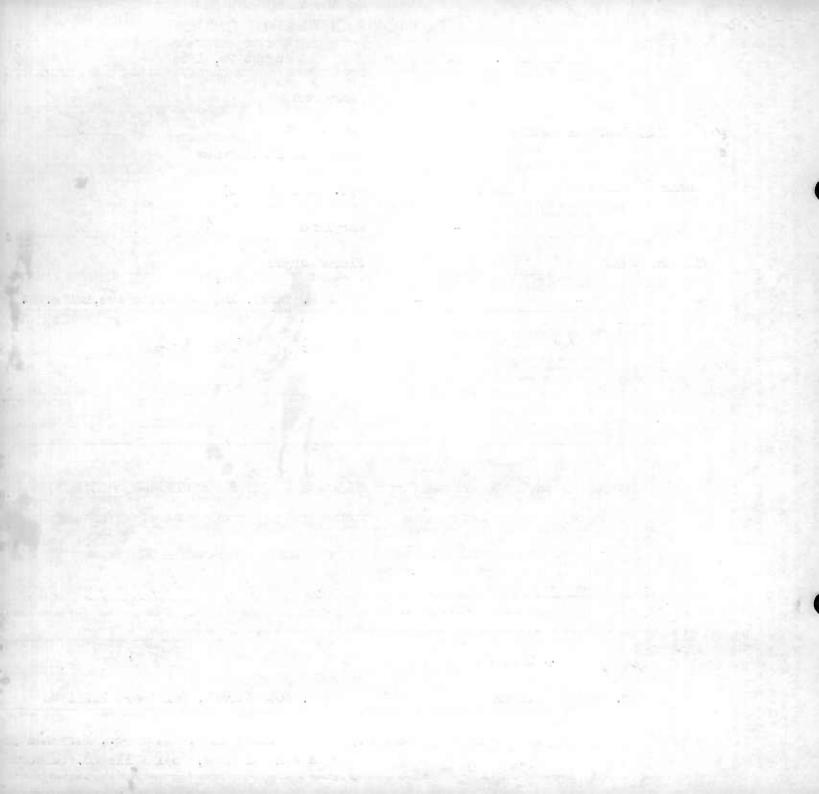
THERINE LEWISHER

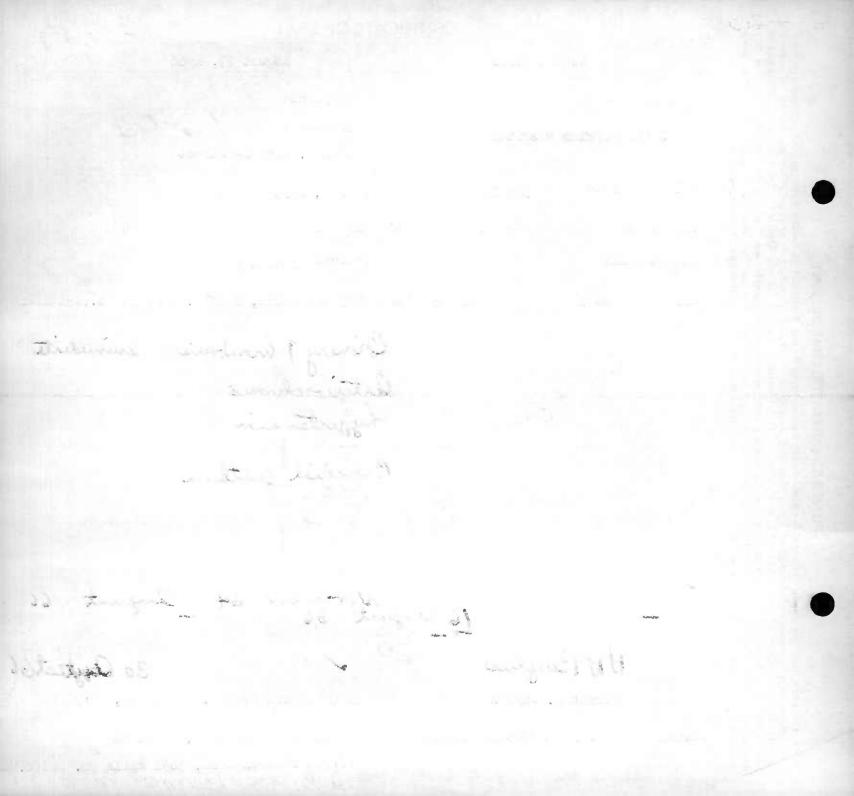
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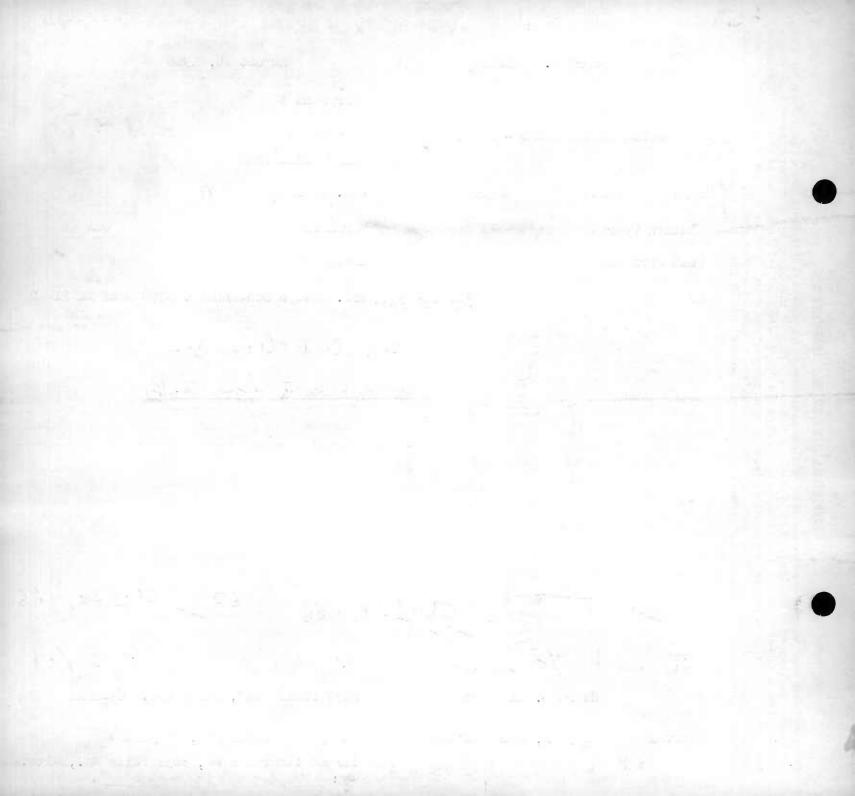
Zatan Zaszay Union Henri I Hap Deline



	ELIZABE	TH B. ALBRIGHT	August 26, 19	
PLACE OF DE	ATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	d. If institution: residence before admis-
FULL NAME O	OF (If not in haspital a	r institution, givo stroot	Maryland	
INSTITUTION				write RURAL and give township)
10 144	9 Medfield Ave	nue	D. STREET ADDRESS (If ruial, give location	on)
			1449 Wedfield Avenue	
Female	White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH Sept. 21 1882 9. AGE (In years lost birthdoy) 83	s If Under 1 Yr. If Under 24 Months Doys Hours Mi
	UPATION (Give kind of work) working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	working life, even if refired)	_	Maryland	USA
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
William .	Beall		Flora Burgee	
	Ever in U. S. Armed Forc		17. INFORMANT	ADDRESS
No.	n)(If yes, give wor ar dotos	of service) SECURITY NO.	Edith M. Parks, 1149 M	edfield Ave. Balto. M
18.	0.00	CAUSE	OF DEATH	INTERVAL BETWEEN
OTHER SIGN	OR CONDITIONS, if a above couse (A) G CONDITION lost. II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT	ONTRIBUTING		
1		ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos of No) 20B. IF YES, N	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
W	NT WAS UNDERLYING UTING CAUSE OF modical axaminer	21B. PLACE OF INJURY (a.g. home, form, factory, straet, atc.)	., in or about 21 C. WHERE DID (If in Baffica bldg., INJURY OCCUR?	oltimore City, give exact location)
OR CONTRIB			0.5	
OR CONTRIBUTED OF INJURY	(Month) (Day) (Your)	While At Not W	nk 🗀	
OR CONTRIBUTED OF INJURY	(Month) (Day) (Your)	While At Not W	hile 🔲	aug. 26 196
OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify	(Month) (Day) (Year) that (I) (this hospital)	While At Not W	hile \(\tag{UU_3} \) 1966 to \(\tag{10.00}	1
OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (!) (New	(Month) (Day) (Your) that (I) (this hospital) lost saw the deceased	While At Not Work At Wo	1966 to	1
OR CONTRIBIDEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (!) (Next)	(Month) (Doy) (Your) that (I) (this hospital) lost saw the deceased d fram the couses state	while At Not W At Wo At Work At Wo At Work At	1966 to	aug : 26 196 T) apinian death accurred an the 238. DATE SIGNED 8-29-66







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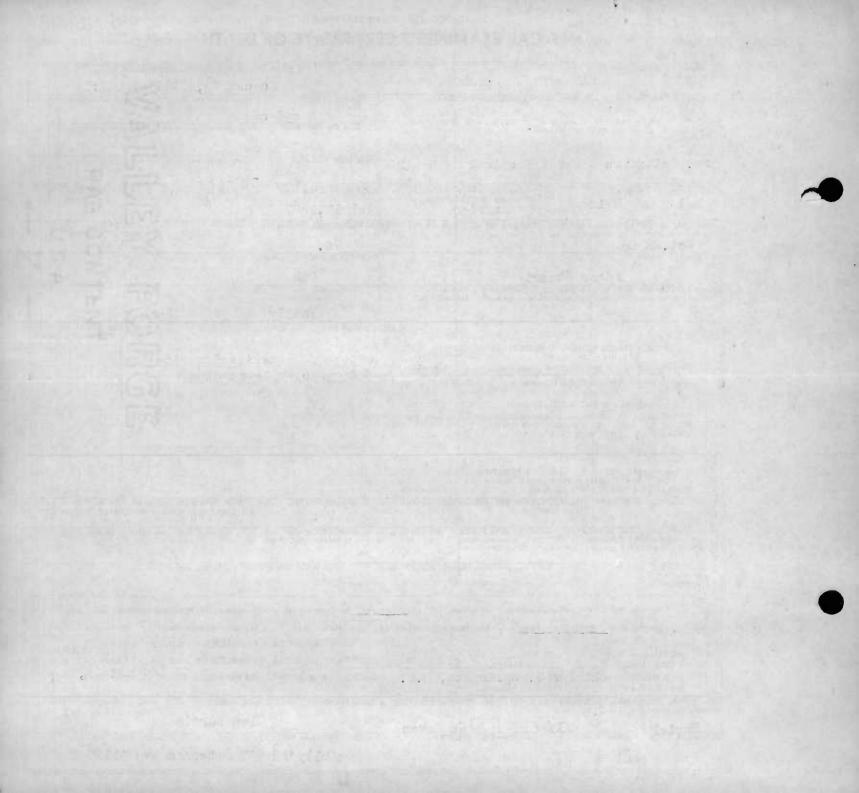
DIRECTOR:

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The state of the state of the C. BENT KEAN THANKELL Library of Bernand OF Lee Ships to the state of 31 three so I TO FORTH SOME TO SHIPPER Exicusor Cumpen

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

M.E. CA	SE NO.						30 77					
1. NAME (Type or	Print)		LAY		מתוותם		2. DAT	E AND HOU	R PRONOUNC	ED DEAD		
					STUART			August	29, 196	6	7:56	A M.
3. PLACE	IN BALT	IMORE, MAI	RYLAND, WI	HERE PRON	OUNCED DEAD	A. STATI	L RESIDENCE (V	Vhere deceos	ed lived. Il inst	titution: res UNTY	idence before od	mission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE			TITUTION, GIVE STREET		Maryl	and						
HOSPITA		ADDRES	S OR LOCA	TION)		C. CIII	OK TOWN (III	outside corpo	iore limits,) KUKAL	and give townshi	7
							Balti	more	-	7	0	
So.	Balt:	imore G	General	Hosp:	ital (DO	A)D. STREE	T ADDRESS (If	iuiol, give lo	cotion)			
								A - 6th	Street			
5. SEX	WIDOWED DIVORGED(seed)			DIVORCED(specify)						Doys Hours		
Ma.	те	Whit	:e		arried	Feb :	17,1897		69			
				10B. KIND	OF BUSINESS OR INDUSTR	1		foreign count	ry)	12. CITIZ		
20	et.RR	rorking life, ev	en if retired)			Va					USA	
	ER'S NAM						ER'S MAIDEN	NAME			ULB	-
		Tana	- C+				Unk					
15. WAS	DECEASE	D EVER IN L	r Stua		16, SO CIAL	17. INFOR				ADDRES	2	
		(If yes, give				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				AD DKES		
No							Famil:	y	S	ame		
1B.	4 4	- 25 V			CAUS	E OF DEA	тн			1200	INTERVAL BET	
	DISEAS	E OR CON	DITION DIR	ECTLY							ONSET AND	DEATH
		LEADING	TO DEATH		(A) Hyper	tensive and arteriosclerotic					1000	
he	ort foilure,	ot meon the	c. It meons	the diseos			vascular					
inj	ury or con	aplication whi	ich coused d	eoth.)								
	A	NTECENDE	NT CAUSES	5								
		OR CONDIT						*************				
RIS U1	SE TO THI NDERLYIN	E ABOVE CA	ION LAST.	ATING TH	E							
Z					(C)		**********			**************	••••••	
E	91 -	i						100				
S 01		NIFICANT CO										
는 D		CONDITION			***************************************							
CERTIFICATION 19 10 10 10 10 10 10 10 10 10 10 10 10 10	DATE OF	OPERATION	19B. CONE		R WHICH OPERATION	20A. A	UTOPSY? (Yes or	I No) 20B. IF	YES, WERE FI	NDINGS (ON SIDERED	100
1 50							Yes	02.	THE CAU	313 01 0		
₹ 21 A.	ERLYING	OR CONTRI	AS B-	21 ho	B. PLACE OF INJURY (e.g., me, form, foctory, street,	office bldg.	21C. WHERE D	OID (If in Bo	Itimore City, gi	ve exoct l	ocotion)	
		SE OF DEAT		ete	c.)							
21 D	TIME	(Month) (I	Doy) (Year)	(Hous)	21E. INJURY OCCURRED		21F. HOW DID	INJURY OC	CUR?			
OF IN	NJURY ROX.)				WHILE AT NOT	WHILE						
22.				m	WORK AT V	VORK						
22.	I cert	Ify that I h	eld an In	quiry 🗌	InspectionAu	topsyX	and that a	on this basi	s, death in r	ny apinlo	in	
	result	ted fram: N	Natural cau	ses X	Accident Suicid	le l	Hamicide 🗌	Undete	rmined mann	er		
		75	17 1	0			IEF MEDICAL					
	ACTUAL	. ()	lun /2		11-12	ACCICT					DATE SIG	NED
	SIGNATI		1	2 0	Joseph M. C		NT MEDICA			A11011	st 29, 19	966
	NAME (Гуре)			ringate, M.D.		ATE MEDICA		100			
	RIAL CREAL (Specify		3B. DATE		23C. NAME of CEMETERY	or CREMAT	ORY 2	3D. LOCATIO	ON (City,	, town, or		itote)
P			9/1/4	6	Glan Haven			Glen	Burnie		Md	
24A. DA	TE REC'D	BY HEALTH	DEPT.	24B, NAN	NE OF REGISTRAR	24C.	FUNERAL DIRE	CTOR			ADDRESS	TUIL
		SEP 1	1000	00	0070	Me	Cully FF	H 237 P	atansco	AVA	21 225	
		OLI T	1966	Make	e to E to bents	1/10	ourth II	- 1/1	avapaco			
VS 151-F	REV. 1/1/6	55		1 8	00071	1		6	-			

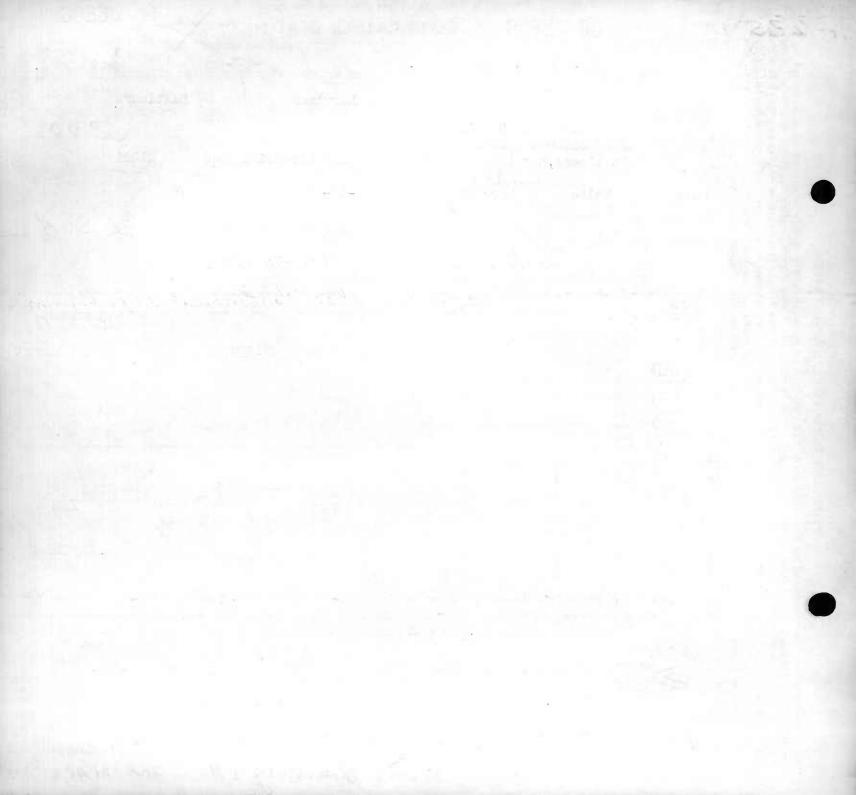


BALTIMORE CITY HEALTH DEPARTMENT

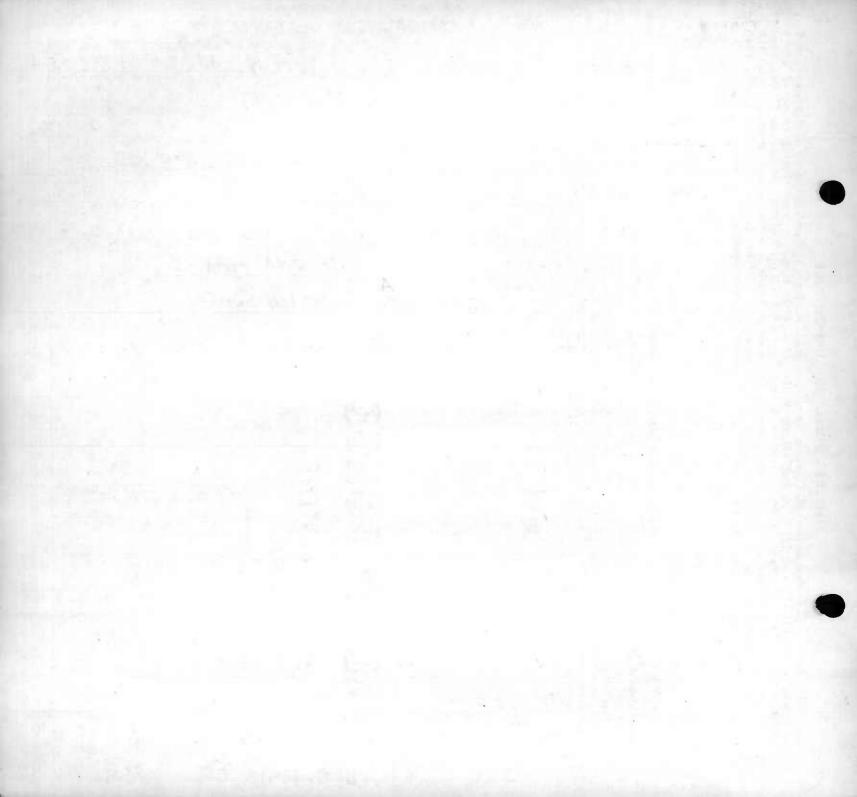


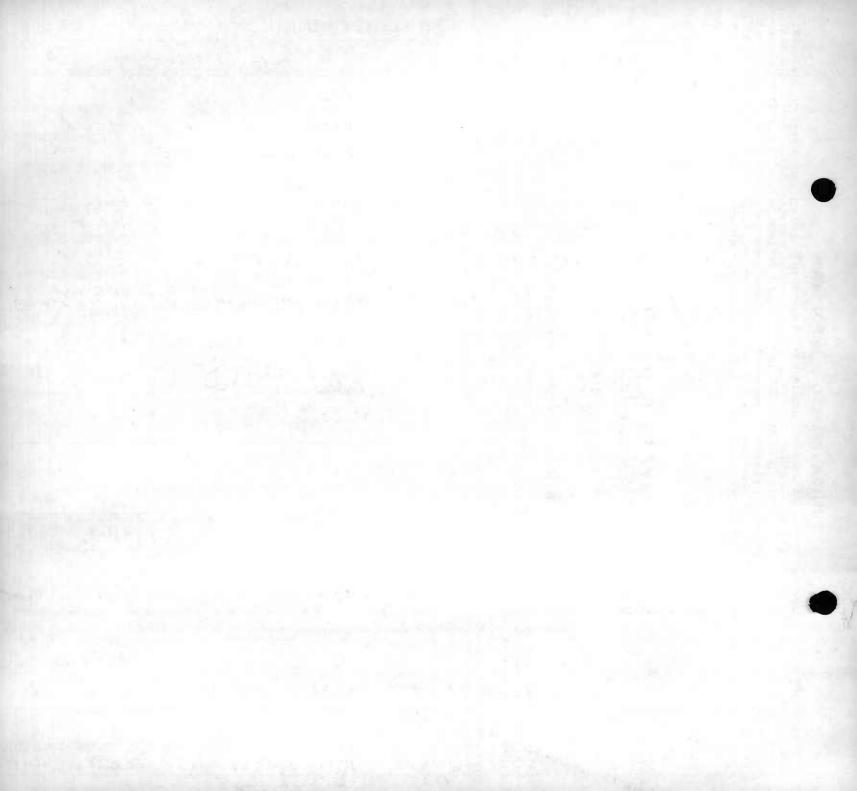
	ALTIMORE CITY HEALTH DEPARTMENT 66 08805
BIRTH NO. 66 U8805	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) O D D D D	120166 11000 n
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street address or location)	
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give towaship)
COUNTY VOSDITHLE	1 BHLITTORE
SINH HUST BUTIME	D. STREET ADDRESS (If rurol, give location)
3741111	NE 9301 PARK HOIS AUE
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR	
r CO FIANKIE	シン 製態設備 / 角間
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	RUSSIA
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
11111111111111	IAIVIAMI
UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces? 1 6. SQC	UNKNOWN
	IT. INFORMANT ADDRESS
NO	MR. SAMUEL COHEN, 3402 DONENSHIRE DRIVE
18. 4.5 / X	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	(A) CARDIAC HRREST
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO
injury or complication which caused death.)	AbdOMWAL ANURISM TURS
ANTECEDENT CAUSES	DUE TO AND
DISEASES OR CONDITIONS, if any, giving	15 HK
rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 ASTO / Mrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
U 194 DATE OF OBERATION TOR CONDITION FOR WHICH	OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, etc.)	factory, street, affice bldg., INJURY OCCUR?
<u> </u>	
□ OF INJURY	OCCURED 21F. HOW DID INJURY OCCUR?
(APPROX.) White At Work	At Work
22. I certify that (1) (this haspital) attended the dece	ased from 8/30/66 19 ta 8/30/66 19
that (I) (we) last saw the deceased alive an	8 30 19 66 and that in (my) ((aur) opinion death accurred on the da
and have and from the causes stated above. (1) (We) (23A. SIGNATURE	
23A. 310KA 10KE	M.D. Allending Med. Stoff A
A MISSIPPET	Phys. Director Phys D
NAME (Type)	23D. ADDRESS
- N.H. SPOT	M.D. Sman Asso A Saltimore
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
	ISKER BENEFICIAL CIRCLE BALTIMORE, MARYLAND
25A. DATE RESE TO HEALTH DEPT. 25B. NAME OF REGIS	6200 62
VIOLULO C. VI	SOE LEVINSON & BROS. INC., 6010 REISTERSTO

Mark Mark Market



BIRTH	NO.	66 088	307	CERTIFIC	ATE OF DEAT	Registered No	. 66 08807
	CASE NO.	ED.			D.DAY	E AND HOUR OF DEAT	и .
	or Print)		9,0111	20 E	2.041	LIA 3A	-66, 7:051
P1 6	ACE OF DEATH	IN BALTIMORE MA	PYLAND	RD E.	I A LISUAL DESIDENCE	Where deceased lived. If	1,05/4
	ACC OF BEATH	III ONE IIIVIONE, IVON			A. STATE B. C	OUNTY	A A
	LL NAME OF	(If not in hospital		re street	MARYL	AND	Balto
	SPITAL OR	oddress or locatio	n)		C. CITY OR TOWN	If outside city limits, writ	e RURAL and give lownship)
1					Balti	more	03-00
-	FRANK	11N 590	MART L	INCOITAL	D. STREET ADDRESS	(If rural, give location)	
41	11,11011	7111 090	17116/	105/1/AC	312 BA	LLARD AV	E 210
. SEX	6. R	ACE	7. MARRIED, N	IEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 F
1	12/0	white		DIVORCED (specify)	2-5-97	lost birthdoy)	Months Doys Hours Min.
OA U	SUAL OCCUPA	TION (Give kind of world	MARI	SUSINESS OR INDUST		foreign country)	12. CITIZEN OF
lone d		ing life, even if retired)			The state of the control of	- Totalgii Coomiyi	WHAT COUNTRY?
	RETIR	ED	MA	RTIN C.	o North C	arolina	U.S.A
3. FA	THER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Tallas	11/11/21 45	- D		MARTH	A MANES	
5 W-	December Fire	WALKE	Cas? 11	6. SOCIAL	17. INFORMANT	1 11111123	ADDRESS
Yes, n	o or unknawn) (If	yes, give war ar dote	es of service)	SECURITY NO.	4		755/100
				315-09-209	10 FERANKLI	Y SOUARE	
18	4.20	/ 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	/ - /	R CONDITION DI	RECTLY			,	ONSET AND DEATH
	LEA	DING TO DEATH		(A)	Coronary	MPC/USIO	7 Aug 29 - Aug 3
		mean the made al		DUE TO			
		nenia, etc. It means ation which caused					,
	ANT			(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************	
		ECEDENT CAUSES		(B)		and the state of t	
	DISEASES OR	ECEDENT CAUSES	any, giving			***************************************	
ri:	DISEASES OR	ECEDENT CAUSES	any, giving	(B)			
ri:	DISEASES OR	ECEDENT CAUSES CONDITIONS, il above couse (A) ONDITION last,	any, giving				
ri: U	DISEASES OR SE TO THE CONTROL OF THE SIGNIFICATION OF THE SIGNIFICATION OF THE CASE OF THE	CONDITIONS, il above couse (A) ONDITION last.	any, giving slaling lhe				
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ATION	DISEASES OR se to the o UNDERLYING C OTHER SIGNIFICATION THE DEAT	CONDITIONS, il ibove couse (A) ONDITION last, II ANT CONDITIONS (H BUT NOT REL/NOTION CAUSING ERATION 198. CON	any, giving slating the CONTRIBUTING ATED TO THE IT.		20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED
ATION	DISEASES OR se to the d JINDERLYING C OTHER SIGNIFICATION THE DEAT DISEASE OR COT	ECEDENT CAUSES CONDITIONS, it is to ve couse (A) ONDITION last, ANT CONDITIONS CAUSING H BUT NOT RELABILITION CAUSING	any, giving slating the CONTRIBUTING ATED TO THE IT.	(C)	20 A. AUTOPSY? (Yes		E FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CERTIFICATION	DISEASES OR se to the of the of the control of the deat of the deat of the deat of the deat of the contribution of the contrib	ECEDENT CAUSES CONDITIONS, il stove couse (A) ONDITION Idsl. ANT CONDITIONS CAUSING ERATION 198. CON WAS PER WAS UNDERLYING G CAUSE OF dical examiner)	any, giving slating lhe CONTRIBUTING ATED TO THE IT. HOMON FORMED 218, Phome, etc.)	HICH OPERATION LACE OF INJURY (e.g farm, foctory, street,	21 F. HOW DIE	IN CERTIFYING C	CAUSES OF DEATH?
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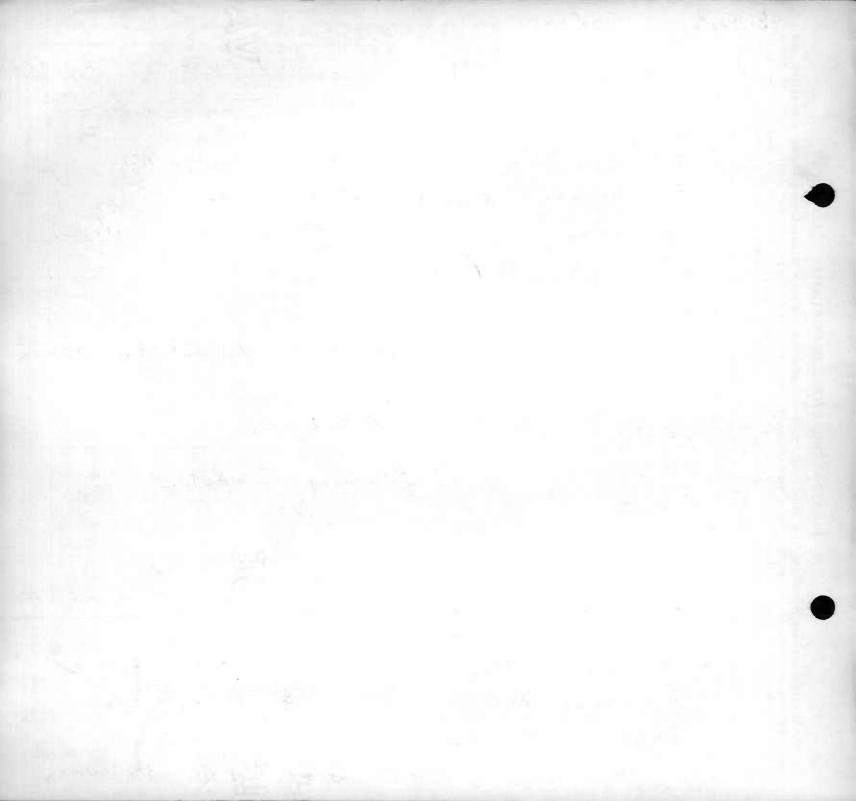




00 00000	BALTIMORE CIT	Y HEALTH DEPARTMENT		CC 00000
BIRTH NO. 66 08809	CERTIFICA	ATE OF DEATH	Registered Na.	66 08809
M.E CASE NO. 1. NAME OF DECEASED (Type or Print) Nettle Estelle	Shenton		HOUR OF DEATH	66, 9.35P
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where	e deceased lived. If insti	tution: residence before admissi
FULL NAME OF HOSPITAL OR Oddress or location? HOSPITAL OR Oddress or location? Howeld Conval		ond. C. CITY OR TOWN (If outs Baltiman	side city timits, write RU	RAL and give township
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mir
10A. USUAL OCCUPATION (Give kind of work		Y 11. BIRTHPLACE (State or foreig		12. CITIZEN OF
done during most of working life, even if retired)	Housewife	md. De	archester	WHAT COUNTRY?
John Ya	u	14. MOTHER'S MAIDEN NAM	Meekin	2
5. Was Deceased Ever in U. S. Armed Force	es? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	8-B Mis. Wi	Ida Venu	el 6195
1B. 44. 0 . 1		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIR	CTLY			ONSET AND DEATH
LEADING TO DEATH	(A)	enternalista he	cert design	4 wha.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise Ia the abave cause (A) UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT	TED TO THE			
WAS PERF	ONTON FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore (City, give exact location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While A1 Not Wh Work A1 Word		JRY OCCUR?	
22. I certify that (I) (this haspital) that (I) (we) last saw the decease and hour and from the courses state	d alive on august 2	3 19 66 ond the	9 66 to august in (my) (aur) apini	on death accurred an the
23A. SIGNATURE	M.D. A	ttending Med. ys. Director	Stoff Phys.	8/23/66
23C. PHYSICIAN'S	M.D	23D. ADDRESS 6217 Aarf	and Rd Bil	time 14 ho
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LC		town, or county) (Sto
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 1 1966 (Do b & Farker Mill	Melles de	Hoffmann	3218 Huds

VS 150-REV. 1/1/65

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BIRTH NO. 66 08811		TE OF DEATH Registered No. 66 08811					
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH					
michael JAm	P5		8-30-66	3:40Pm			
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If in	nstitution: residence before admission)			
FULL NAME OF ((f not in hospital or insti	tution, give street	mana	1900 /a	m. Hat are			
INSTITUTION Duke land nur		C. CITY OR TOWN (IH	outside city fimits, write	RURAL and give township)			
10 1501 Duke 14.	2 street	Baltime		4-01			
1301 Wala 14"		D. STREET ADDRESS	(If rural, give location)	to Wantel			
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Hadar 7 Vs. If Hadar 24 Mrs.			
/ /., WI	DOWED, DIVORCED (specily)	10/10/21	lost birthdoy)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min,			
10A. USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	preign country)	12, CITIZEN OF			
done during most at warking life, even if retired)	. 6	ni.h		WHAT COUNTRY?			
Therrown 7	nkubwa	14. MOTHER'S MAIDEN N		U.S.A.			
, , , , , , , , , , , , , , , , , , , ,		,					
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(Yes, no or unknown) (Iff yes, give wor or dotes of se	SECURITY NO.	Da Ke Land Home	nuusing	1501 Dukelond			
1B. 420./1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH (This does not mean the made of dying	(A) MAS	SIVE CARDI	AC INFARC	-7			
heart failure, asthenia, etc. It means the di	sease,						
injury ar camplication which caused death. ANTECEDENT CAUSES	(B) C;	HEONIS MYO	CARDITIS				
DISEASES OR CONDITIONS, if ony,	DOE 10		***************************************				
rise to the above cause (A) stating							
UNDERLYING CONDITION last.							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
U 19A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED			
WAS PERFORME	D	NO	IN CERTIFYING CA	USES OF DEATH?			
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltimore	e City, give exact location)			
OF INJURY (Month) (Doy) (Year) (Hou	1) 21E INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?				
₹ (APPROX)	While At Not Wh	ile _					
22. I certify that (I) (this hospital) atter			10 /a/a to C	20 1066			
that (1) (see as a saw the deceased aliv		0 //		,			
				inion death occurred on the date			
ond hour and from the couses stated ab 23A. SIGNATURE	0 ve. (1) (ne) (ala) (ala 1 101)	view the body offer death	10	238, DATE SIGNED			
Thomas W Harris	M.D. At	tending Med. Director	Stoff Phys.	80-30-66			
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		alescent Home			
Thomas W. Harris	M.D.		land Street	alescent Home			
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CI			ity, town, or county) (State)			
Burial 9/1/66	Glas Haron	Cem.	Ritahie?	Lever md.			
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECT	OR/	ADDRESS 901			
SEP 1 1966 R. C.	& Es Farbutta	a colo Ut	Son ant De	Inc. Walling DI			
VS 150-REV. 1/1/65	7 7 7 7	110	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	93 mid			

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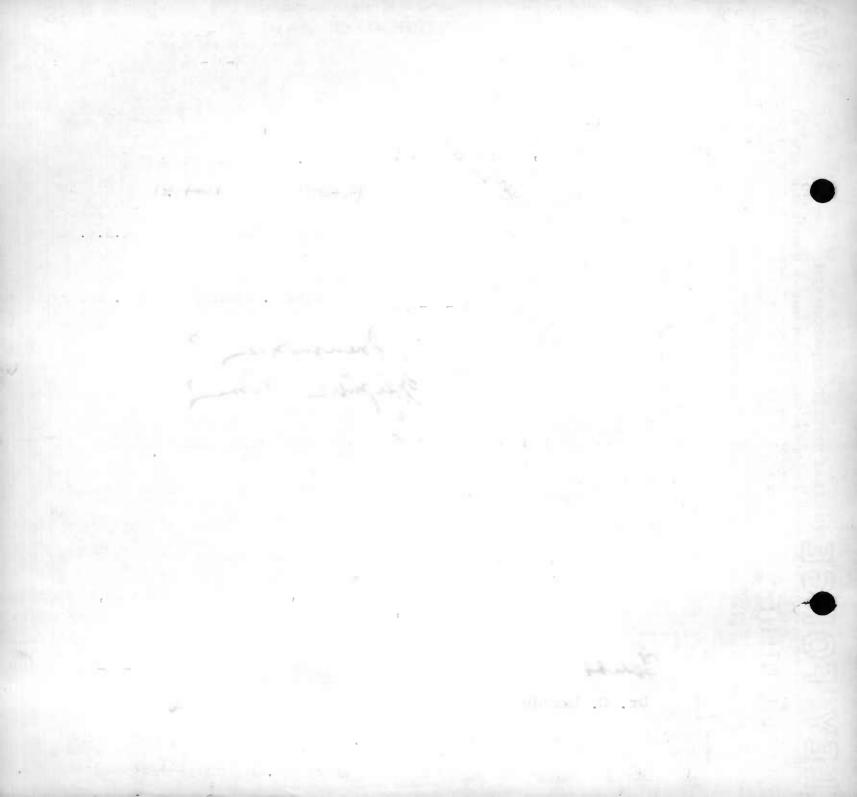
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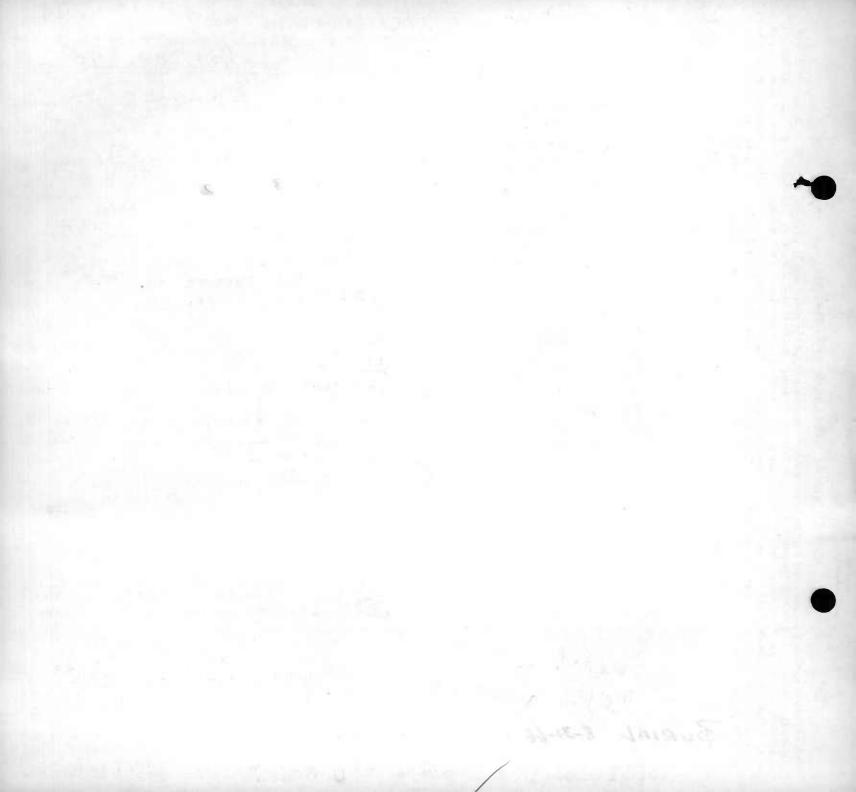
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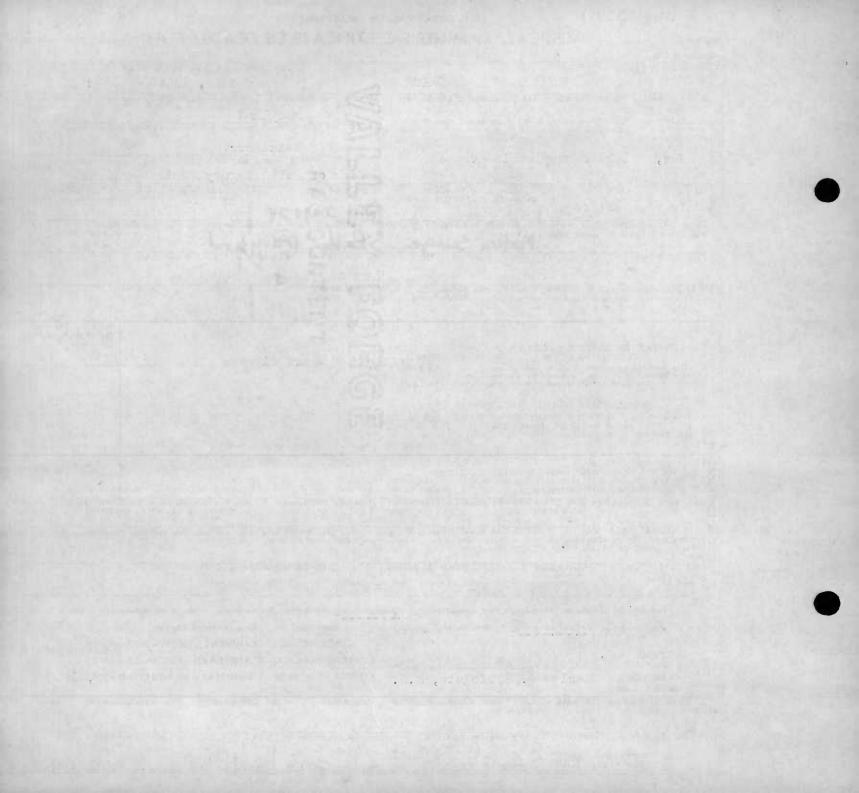
DIRECTOR:

FUNERAL



BALTIMORE CITY HEALTH DEPARTMEN

BIRTI	H NO.	MED	ICAL EX	AMILIAEK 2 C	EKTIFICATE OF DEATH Registered No.			
M.E.	CASE NO.							
1. N (Typ	AME OF DEC		BERT	SMITH	August 29, 1966 8:05 A			
FULI	L NAME OF PITAL OR ITUTION	IMORE, MARYLAND, V	AL OR INSTITU	JNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE Mary land C. CITY OR TOWN (If autside carporote limits, write BURAL and give tawasha)			
M	Rear,	1924 Pennsy	vlvania .	Avenue	Baltimore D. STREET ADDRESS (If rural, give locotion) Rear of 1924 Pennsylvania Avenue			
5. SE	x Male	6. RACE Negro	7. MARRIED, WIDOWED, I	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min. 42			
done	during most of v	varking life, even if retired)		BUSINESS OR INDUST	Bate. Mary land 12. CITIZEN OF WHAT COUNTRY?			
	ATHER'S NAN				TReive Care Smith			
		O EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	Mys. alverta Maid 2312 mt. Royal tens			
11	8.		-		E OF DEATH INTERVAL BETWEEN			
CERTIFICATION	OTHER SIGN	OR CONDITIONS, IF , E ABOVE CAUSE (A) S AG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSIN'	CONTRIBUTING THE					
	9A. DATE OF	OPERATION 198, COP		WHICH OPERATION	Yes IN CENTRE STATE CAUSES OF DEATH?			
OI	JNDERLYING [CAUSE WAS OR CONTRIB- SE OF DEATH.	21B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in ar about 21 C. WHERE DID (If in Baltimare City, give exact locotion) office bldg., INJURY OCCUR?			
-	OF INJURY	(Month) (Doy) (Yed	v	VHILE AT NOT AT	WHILE WORK			
	1. I certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my opinion							
	resulted fram: Notural causes X Accident Suicide Hamicide Undetermined manner							
	ACTUAL		& J.	by set M.I	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER X			
	EXAMIN NAME (ER'S Charles	S. Spr	ingate, M.D.	ASSOCIATE MEDICAL EXAMINER August 29, 1966			
REM	BURIAL CREE		66 1	OF REGISTRAR	or CREMATORY 23D. LOCATION (City, town, or county) (Stote) 24C. FUNERAL DIRECTOR ADDRESS			
	S	EP 1 1966	Rebub	E. Farbours	Morten & Doyett F. H. 1701 Lauren			
VS 1	51-REV. 1/1/	65	1		88 4			



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BALTIMORE CITY HEALTH DEPARTMENT

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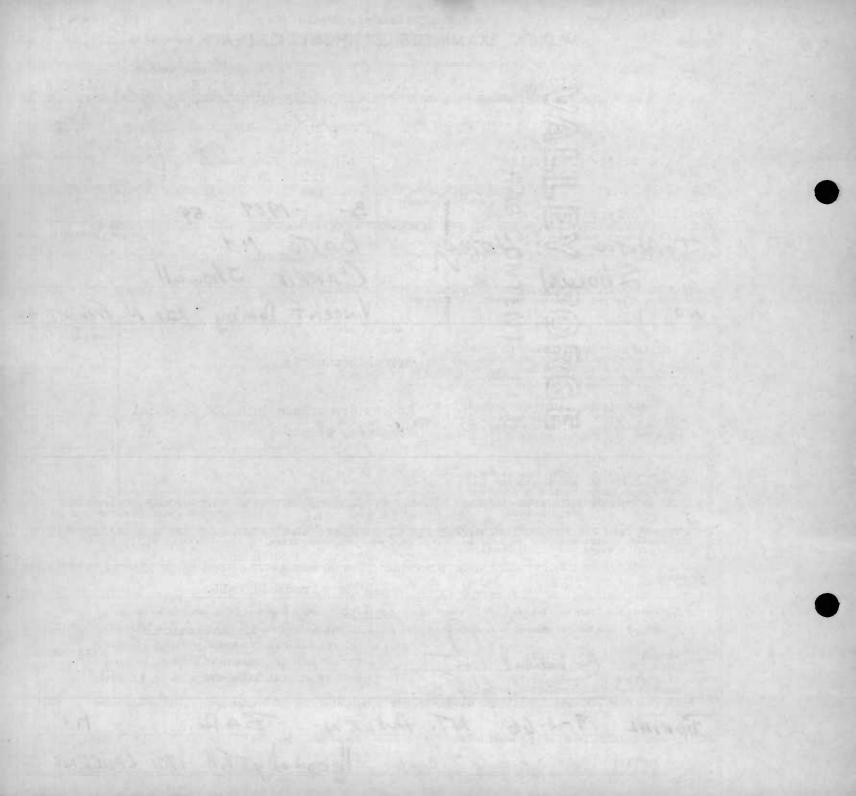
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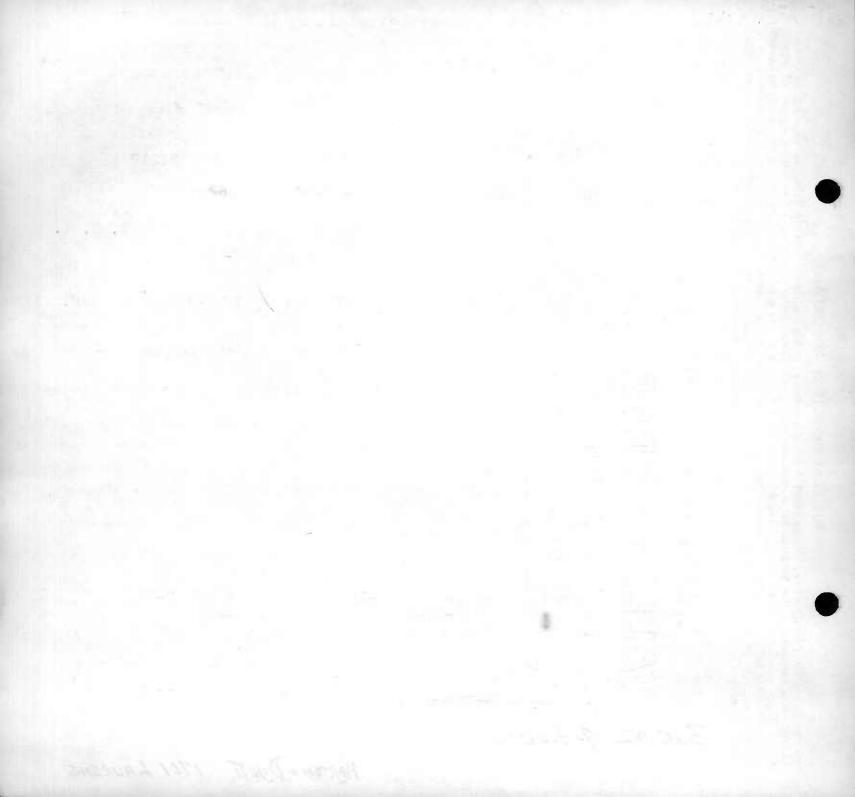
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803 W. PRINCHT AVENUE, Baltimove, 3

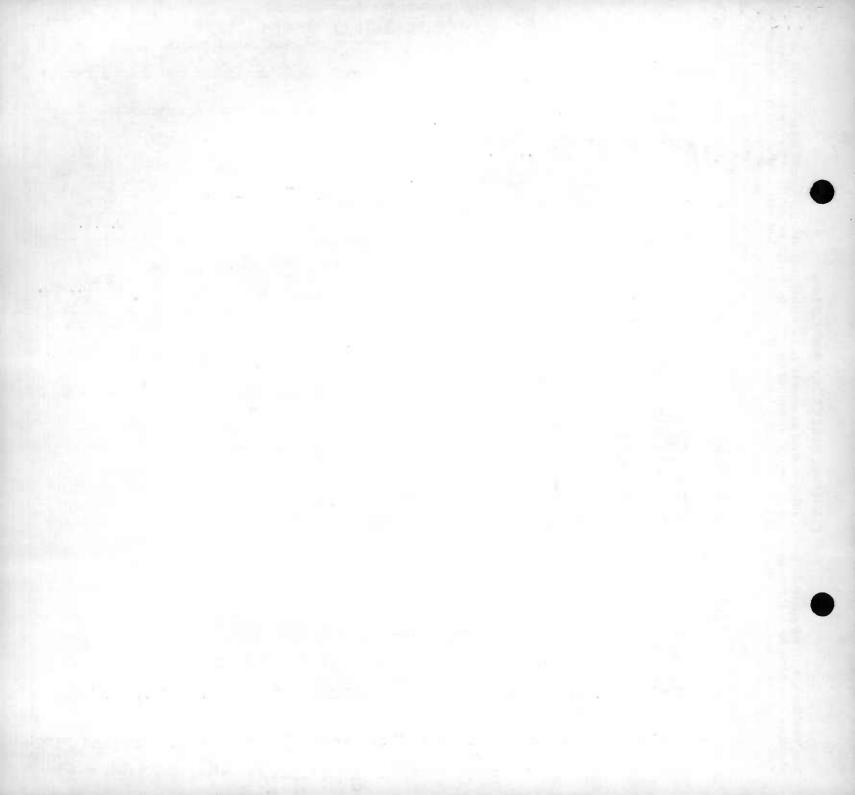
ARC IE ROUTNEC N. JR.

BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICA	TE OF DEATH Regi	stered Na	90017
M.E. CASE NO.				H 9			
1. NAME OF DE	CEASED				2. DATE AND HOUR PRONOU	NCED DEAD	
(Type or Print)	MELEN	E	DEMBY		August 27, 196	6	11:30 P
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	14. USUAL RESI	DENCE (Where deceased lived, If B. (1
				A. STATE	B. (COUNTY	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write PURAL of give township)			
INSTITUTION	ADDRESS OR LOCA	(IION)				1	5
77					ltimore	7-0)d
Univ	versity Hospi	tal		11	DRESS (If rural, give location)		
10				22	1 N. Fremont Aven	ue	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIR	79. AGE (In year lost birthdoy)	ors If Unde	r 1 Yr. If Under 24 Hr
Female	Negro	WIDO WED, D	IVORCED (specify)	3-	- 1907 FO	Months	Doys Hours Min.
	Negro	TOR KIND OF	BUSINESS OR INDUSTR	VII BIRTHPLACE	(State or foreign country)	12. CITIZ	EN OF
	working life, even if retired)	11-	44 A	2	1 1		T COUNTRY?
- OME		1.40	Me	QA1	10. Ma.		
13. FATHER'S NAM	AE /	,		14. MOTHER'S	MAIDEN NAME	11	
	Rhowal			(AR	RIE Showe	.//	
	D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT		ADDRES	S
	(If yes, give wor or dote	s of service)	SECURITY NO.	11/1	_ ^ _	. 41	6 - 1
NO				VINCEN	IT Jemby 2.	21 10.	Tremont A
1B. 7	040		CAUSI	OF DEATH	7		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		9			ONSEL AND DEATH
	LEADING TO DEATH		(A) Bron	chopneumo	nia		
(This does	not mean the mode of	dying, e.g.,	DUE TO			•••	
injury or co	, asthenia, etc. It means mplication which caused	deoth.)					
	ANTECENDENT CAUSE	2			1 1		THE RESERVE
	OR CONDITIONS, IF A			nt Hemorr	hage into 01d Sub	dural	• • • • • • • • • • • • • • • • • • • •
RISE TO TH	IE ABOVE CAUSE (A) S'	TATING THE	XXXX Hema	toma, Rig	ht.		
	NO CONDITION LASI.		(C)		7		
OTHER SIG	II						
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTIN	G				
O THE	DEATH BUT NOT RE	LATED TO TH					
-	R CONDITION CAUSING		ALICH OPERATION	DOA AUTOR	V2 /V N-1 200 15 VEC 11/F05	FIAIDINICS C	ONIGIDERED
S S S S S S S S S S S S S S S S S S S	WAS PER		HICH OFEKATION	20A. A010F3	Y? (Yes or No) 208, IF YES, WERE		EATH?
	1 0 11105 11110				es		Yes
O UNDERLYING	L CAUSE WAS MOR CONTRIB-	21 B. P	form, foctory, street,	in or obout 21C.	WHERE DID (If in Boltimore City	, give exoct l	ocotion)
UNDERLYING	ISE OF DEATH.	etc.)	Unknown		Unknown	00	-00
E 21D TIME	(Month) (Doy) (Year	r) (Hour) 21	E. INJURY OCCURRED	21 F. H	HOW DID INJURY OCCUR?		
OF INJURY							
	8 '6	0 m. W	ORK AT W	WHILE X P	robable fall.		
22.	tify that I held an I	nguisy 🗍	Inspection Au	tapsy X a	nd that an this basis death i	n my aninia	m
					nd that an this basis, death i		
resu	Ited fram: Natural ca	uses A	colden Suicid	e Hamic	undetermined ma	nner X	
	. 01	1		CHIEF	MEDICAL EXAMINER		DATE SIGNED
SIGNAT		iles I !	CELLY M.D	ASSISTANT A	MEDICAL EXAMINER		8/28/66
EXAMIN			M.D	•	MEDICAL EXAMINER		0/20/00
NAME (Type) Charle	es S. Pe	tty, M.D.				
23A. BURIAL CRE	MATION, 238 DATE		NAME of CEMETERY	CREMATORY	23D. LOCATION	City, town, or	county) (Stote)
REMOVAL (Specif	y) q 1	11	1.1	1	7 11		4. 1
DURIK	1-X.	66	MI. Hus	UKN	DA14.		Md.
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME C	OF REGISTRAR	24C. FUNE	RAL DIRECTOR		ADDRESS
-	****		4.0	M.	1.1 # E 11 1	10, 1	ALIOTAIS S
S	P 1 1966 (20 8- 7	ATO MORA	- I TIO ET	by allyell 1. The /	10/ KM	TUCKIUS 3
VS 151-REV. 1/1/	65	7 5	,	0	and Vie		





VS 150-REV. 1/1/65



FUNERAL DIRECTOR:

the chief medical

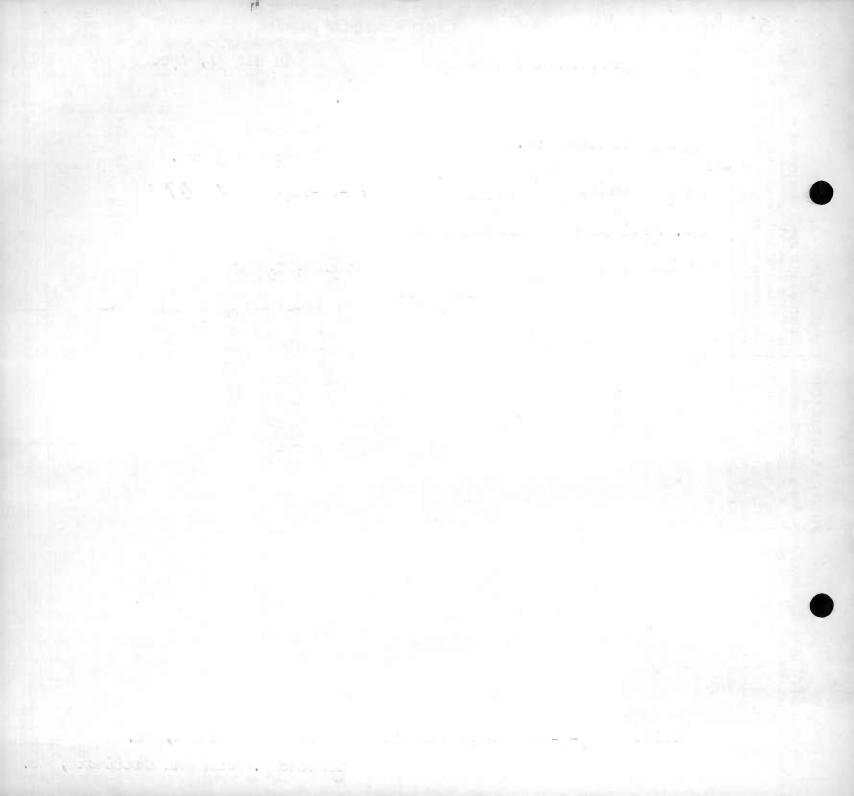
ADDRESS same INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ... ond that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

Hours

WHAT COUNTRY?



VS 150-REV. 1/1/65

Country of the second second second

66 08822	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	66 08822
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	(40-1)1/		ID HOUR OF DEATH	11. 7 45 0
PLACE OF DEATH IN BALTIMORE, MARYLANI	Kinkner/KI	PRICES ME	re deceased lived. If insti	66 7. 45 PM
FULL NAME OF (If not in hospital or insti		Baltimore M	ary Land.	
HOSPITAL OR address or focation)		C. CITY OR TOWN (If our	tside city limital, write RU	RAL and give township)
Church Ho	me + Hospital			Oj
5		1200 -	Laired.	,
	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male White M	AYVIRD (specify)		8.0	Monins Doys Hours With.
OA, USUAL OCCUPATION (Give kind of work 10B, KI lane during most of warking life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
Guard, (ReT.)			and.	U.S.A.
Edward Kiaku		14. MOTHER'S MAIDEN NA	= 4 •	
5, Wos Deceosed Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	Smith	ADDRESS
Yes, no or unknown) (If yes, give war or dates of se	SECURITY NO.	Edward K	the English	ADDIES.
18, //	CAUSE O		IN HULEY	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0	,		ONSET AND DEATH
LEADING TO DEATH	(A) CRY	brovascular C	lecidant	
(This does not mean the mode of dying, heart failure, asthenia, etc. II means the di injury or camplication which caused death.	seose,			
ANTECEDENT CAUSES	(B) A(+	erioscherotic (Cardiovasuk	a V
DISEASES OR CONDITIONS, if any,	DUE TO giving		disease	
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	3 1he (C)		•	
_ II O				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING O THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
WAS PERFORME	D		IN CERTIFYING CAUS	SES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore (City, give exact locotion)
21 D. TIME (Month) (Day) (Year) (Hou		21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While At Work		V V	
22. I certify that (I) (this hospital) atter		uly 7	19 66 10 aug	wf 31 1966
that (I) (we) lost saw the deceased aliv	o an August 31	19 66 ond th	ot in(my) (aur) opini	an death accurred an the dot
ond hour and from the couses stated abo	ove. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	M.D. Atte	nding Med.	Staff 2	23B. DATE SIGNED
Rodulio M. 7	Phy	Director 23D. ADDRESS	Phys.	8-31-66
NAME (Type)	LIM M.D.	Church to	and a Hospi	ital
	24C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	tawn, or caunty) (State)
PILOIN 9/21/	Papyurand	COMPTERN TO	Baltim	no my
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	17/1/1/10	ADDRESS .
SEP % 1300 GLOG	60000	deontained	J. RUCK.	INC BATTIMORE,
VS 150-REV. 1/1/65				

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A Section

Bellmere Marykard

CHIPCH HOWE + HOLPING

2309 Belanned.

7-21-86 80

Make White Marriad

GUANA (NOT)

Educid Kinkner

MaryLand.

Kate Smith

W.E.R.

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Street Minback Kinback

Cerebrosambar Gerident

Arterioscierotic Cardicaroscolar

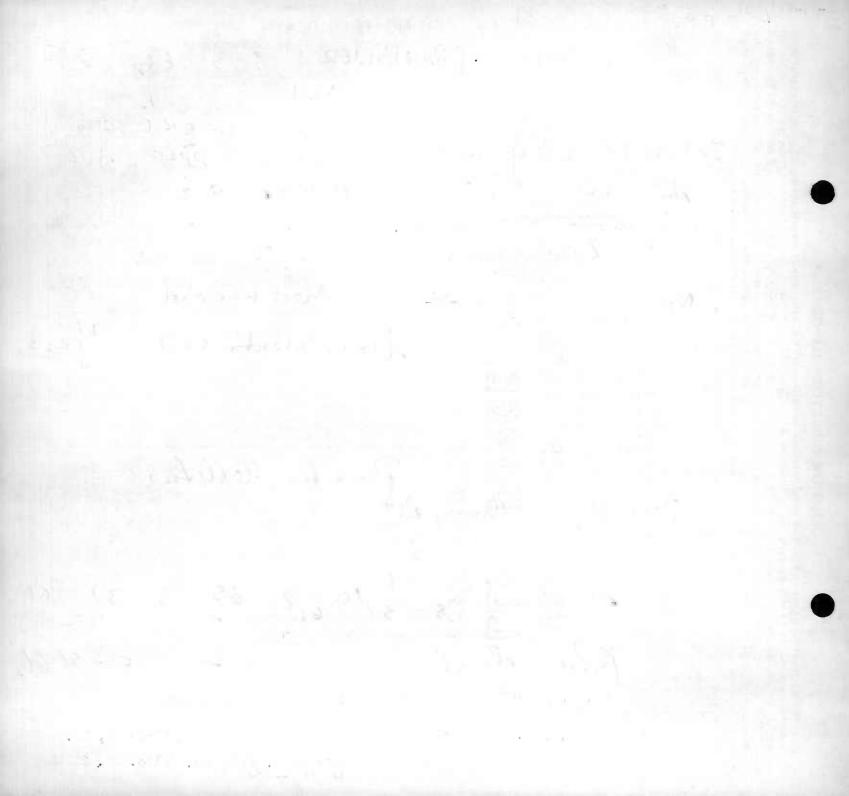
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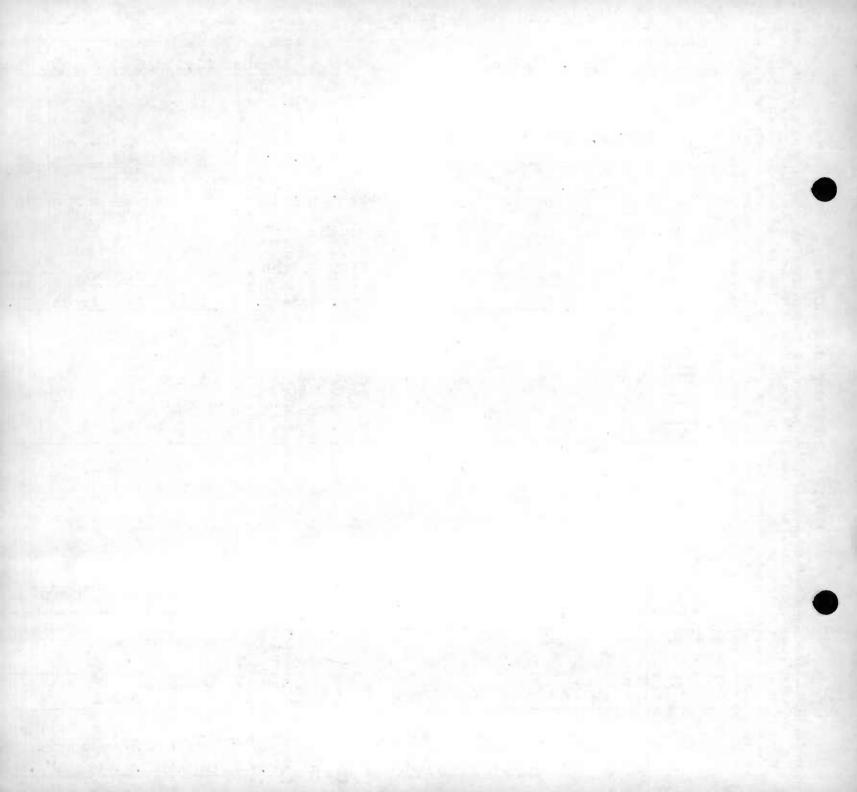


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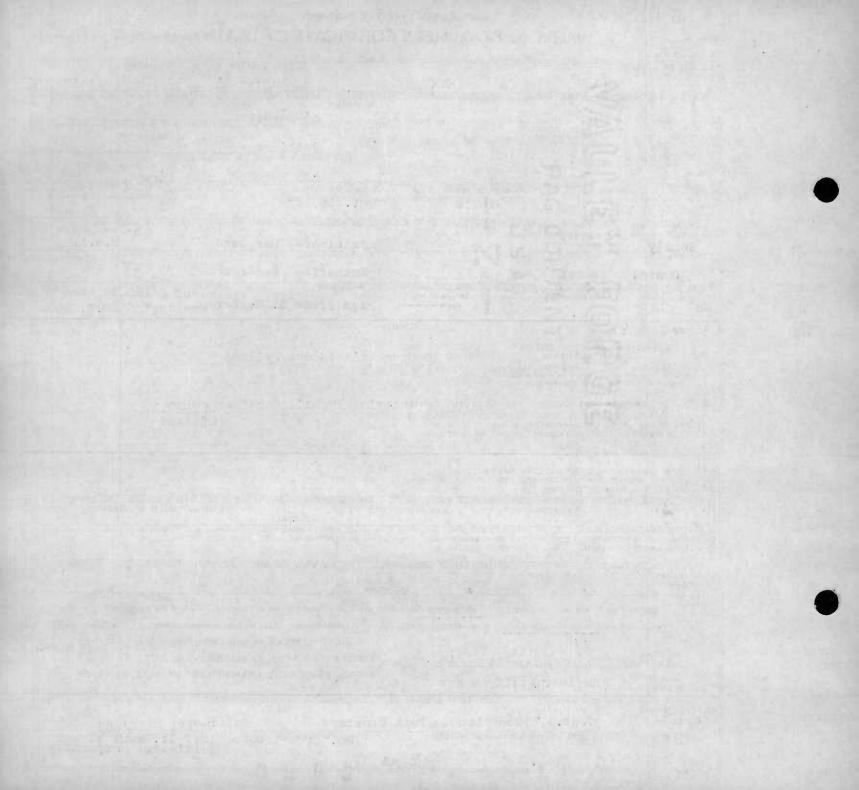
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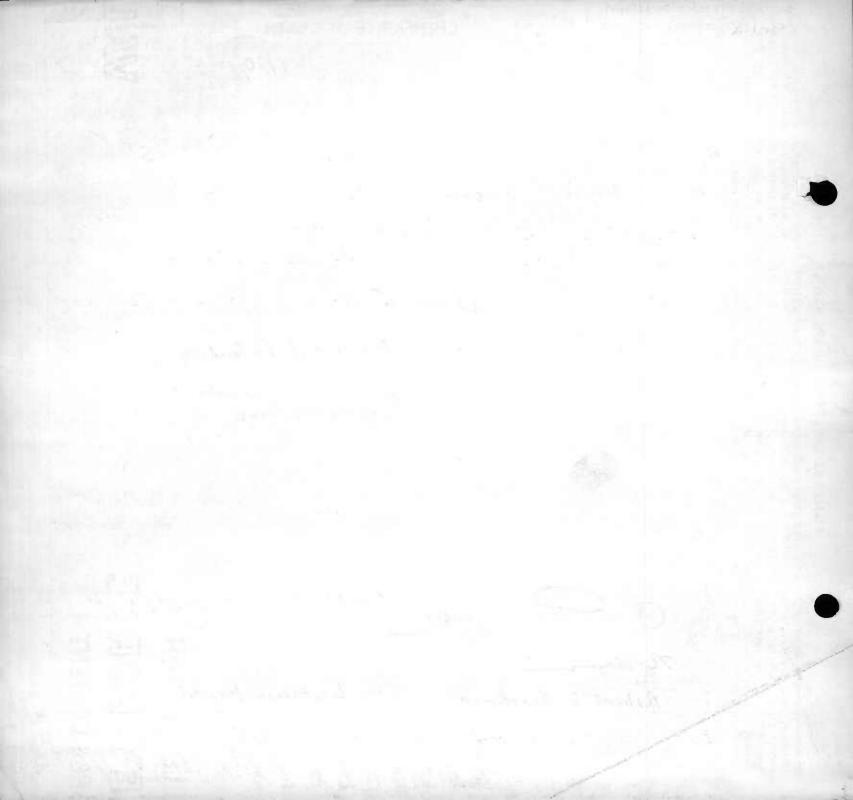
chief medical

BALTIMORE CITY HEALTH DEPARTMENT

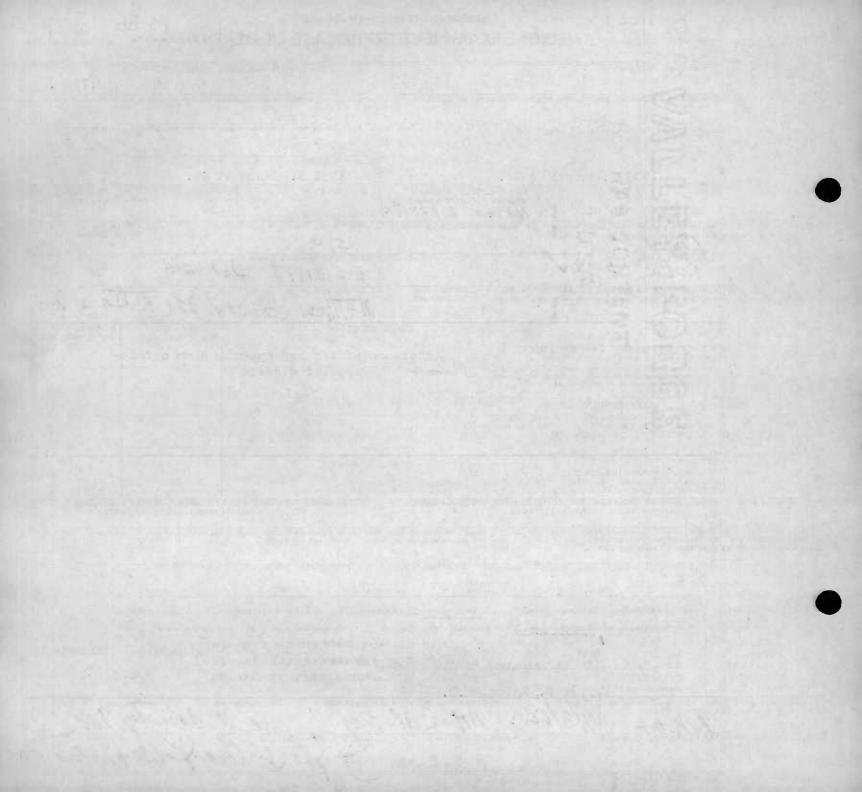


B-	260	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register M.E. CASE NO.	ed N&6 U8825
		1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCE	D DEAD
		LOUISE BECKER August 31, 1966	1:50 P M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If instigation of the control	tution: residence before odmission)
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) WATYLAND C. CITY OR TOWN (If autside carparate limits, write institution)	RUPAL and give township)
		333 North Charles Street Baltimore D. STREET ADDRESS (If rural, give lacation)	7 0 1
		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years	reet If Under 1 Yr. If Under 24 Hrs.
		Female White Widowsp.piyorceD(specify) Oct. 16,1885	Months Days Hours Min.
		IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dane during most all working life, even if refired) Secr \forall Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
		Conrad Becker Katherine Frederick	REAL PROPERTY.
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ADDRESS ia Road
		1 0 7 1	gton, D.C. 20009
		18. 4 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
		Disease OR CONDITION DIRECTLY LEADING TO DEATH (A) Congestive Heart Failure	
		(This daes not mean the made of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused deoth.)	
		ANTECENDENT CAUSES Arteriosclerotic Cardiovascular	
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Disease	
		(C)	***************************************
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
		1994. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 208, IF YES, WERE FIN WAS PERFORMED	
		21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obaut 21C, WHERE DID (II in Baltimore City, give blue), injury occur? Description	e exoct locotion)
		21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT WORK AT WORK	
		22. I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in m	y opinian
		resulted from: Natural causes X Accident Suicide Hamicide Undetermined manne	e 🗌
		ACTUAL CHIEF MEDICAL EXAMINER C	DATE SIGNED
		SIGNATURE ASSISTANT MEDICAL EXAMINER X	0/01/66
		NAME (Type) Rudiger Breitenecker /	8/31/66
		23A, BURIAL CREMATION, REMOVAL (Specify) Burial Sept.3, 1966 Loudon Park Cemetery Baltimore, 1	town, or county) (Stote) Marvland
		SEP 1 1966 P. C. & Zalland	. Paul Postreet re, Maryland
		VS 151-REV. 1/1/65	1

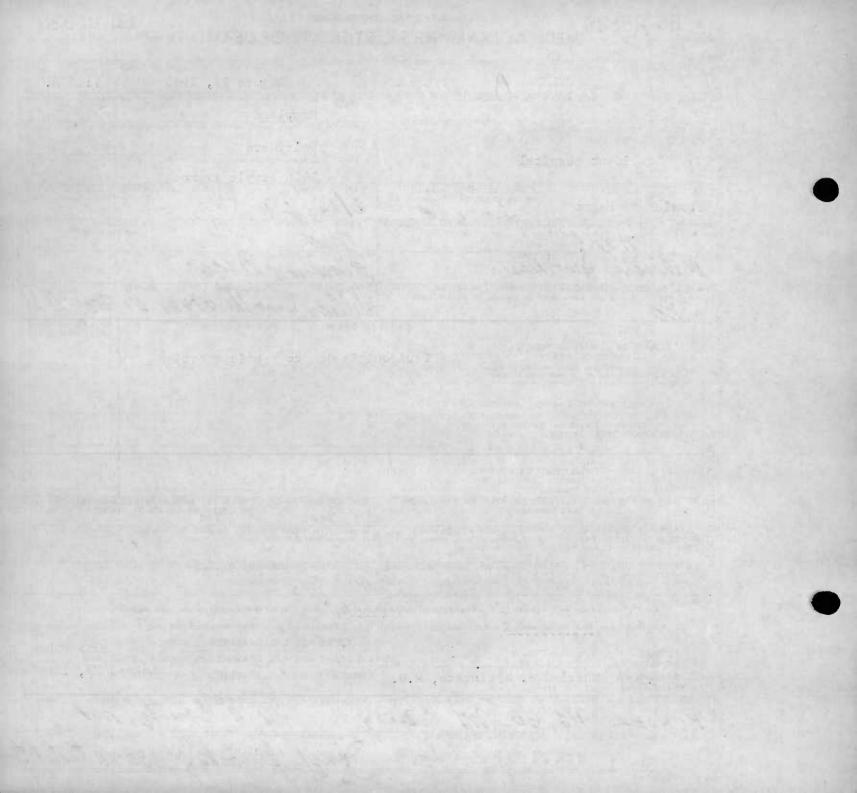




M.E. CASE NO. 1. NAME OF DECEASED (Type or Pint)	2. DATE AND HOUR PRONOUNCED DEAD
Rufus Bogier	8/30/66 2:25 p. _{M.}
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore /O 0
	D. STREET ADDRESS (If rurol, give locotion)
1033 E. Monument St.	1032 E. Monument St. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.)
male colored WIDOWED, DIVORCED (specify)	lost birthday Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if refired)	5. C WHAT COUNTRY?
KULUS Bogier	FLIZADET JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no aruniknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	FLIZABETT JOHNSON 17. INFORMANT MATTHEW JOHNSON 921 Rulland avel
18, 44 4 3 L	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arterio	sclerotic and hypertensive cardio-
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	vascular disease
injury or complication which coused death.)	
ANTECENDENT CAUSES DISEASES OF CONDITIONS IS ANY CHANG	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE	
L Distance of Control Tour	
19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERECONALED	IIN CERTIFIING CAUSES OF DEATH?
WAS PERFORMED	IIQ
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact facation)
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT MORK AT W.	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
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WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME OF INJURY (APPROX.) 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED WHILE AT NOT AT W	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE VORK and that an this basis, death In my apinlon
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Auresulted fram: Natural causes X Accident Suicid	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 21F. HOW DID INJURY OCCUR? tapsy and that an this basis, death In my apinion
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Auresulted fram: Natural causes X Accident Suicides ACTUAL SIGNATURE MASS PERFORMED 21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 21F. HOW DID INJURY OCCUR? tapsy and that an this basis, death In my apinion Hamicide Undetermined manner DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Auresulted fram: Natural causes X Accident Suicides ACTUAL SIGNATURE (EXAMINER'S	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection Auresulted fram: Natural causes X Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B_DATE 123C. NAME of CEMETERY of Suicid Accident Suicid Accident Suicid Accident Suicid Accident Suicid Accident Suicid Sui	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 21F. HOW DID INJURY OCCUR? DATE SIGNED 21F. HOW DID INJURY OCCUR? WHILE 21F. HOW DID INJURY OCCUR?
WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection X Auresulted fram: Natural causes X Accident Suicides	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE 21F. HOW DID INJURY OCCUR? DATE SIGNED 21F. HOW DID INJURY OCCUR? WHILE 21F. HOW DID INJURY OCCUR?
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WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection Auresulted fram: Natural causes X Accident Suicides ACTUAL SIGNATURE ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY (REMOVAL (Specify) BUR) ACCIDENT.	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE VORK tapsy and that an this basis, death In my apinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 8/30/66 ASSOCIATE MEDICAL EXAMINER 8/30/66 OF CREMATORY 23D. LOCATION (City, Towns, County) A. A. CARLES MAN MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER (Stote)



1. (Ty	E CASE NO. NAME OF DECEASEI pe or Print)	HELE	N Δ.	SMOTHER		August 29,		7:30 A.
3.	PLACE IN BALTIMOR		/ 1		4. USUAL RESIDI	NCE (Where deceased li		
HHC	LL NAME OF (III	F NOT IN HOSPIT DDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	C. CITY OR TOW	ryland (N (If outside corporote		ond give township)
3	Provid	ent Hospi	tal.		D. STREET ADDR	Itimore Ess (If rural, give location 16 Argyle Av		
5. 5		Negro		EVER MARRIED VORCED(specify)	B. DATE OF BIRTH	Marie de la Company de la Comp	(In years If Unde thday) Months	Days Hours Min.
	USUAL OCCUPATION of during most of Sworking		k TOB. KIND OF	BUMMESS OR INDUST		State or foreign country)		ZEN OF AT COUNTRY?
13.	William	Smoli	ters		9 Follo	AIDEN NAME)	v	
	was DECEASED EVE			6. SO CIAL SECURITY NO.	17. INFORMANT	Imo thers	1421 6.	Federa II
		nio, etc. It meon:	s the disease, death.)	DUE TO		to septic ab		
FICATION	OTHER SIGNIFICA	II NT CONDITIONS H BUT NOT RE	CONTRIBUTING	(C)				
TE	RISE TO THE ABOUNDERLYING CO	II NT CONDITION REST. H BUT NOT REIDITION CAUSING	CONTRIBUTING	(C)		(Yes or No) 20B, IF YES	YING CAUSES OF D	
AL CERTIF	OTHER SIGNIFICA TO THE DEAT DISEASE OR CON	II NT CONDITION LAST, H BUT NOT RE IDITION CAUSING ATION 19B. CON WAS PER JSEE WAS ONTRIB-	CONTRIBUTING LATED TO THE 3 IT. JOITION FOR WI FORMED	(C)	Yes	HERE DID (If in Boltime	YING CAUSES OF D	EATH?
AL CERTIF	OTHER SIGNIFICA TO THE DEAT DISEASE OR CON 19A. DATE OF OPER 21A, EXTERNAL CAL UNDERLYING OR C UTING CAUSE OF 21D TIME OF (NJURY (APPROX.)	II NT CONDITION LAST, H BUT NOT RE IDITION CAUSING ATION 19B. CON WAS PER JSEE WAS ONTRIB-	CONTRIBUTING LATED TO THE GIT. DITION FOR WI FORMED 21 B. PL home, etc.)	HICH OPERATION ACE OF INJURY (e.g., form, factory, street,	Yes, in ar about 21C. W	HERE DID (If in Boltime	YING CAUSES OF D S ore City, give exact	EATH?
EDICAL CERTIF	OTHER SIGNIFICA TO THE DEAT DISEASE OR CON 19A. DATE OF OPER 21A, EXTERNAL CAL UNDERLYING OR C UTING CAUSE OF 21D TIME OF (MORE OF (NJURY (APPROX.)) 22. I certify th	II NT CONDITION LAST. II NT CONDITIONS H BUT NOT RE IDITION CAUSING ATION 198. CON WAS PER SEE WAS CONTRIB- DEATH. th) (Day) (Yea om: Natural co	CONTRIBUTING LATED TO THE GO IT. NOTITION FOR WI LEFORMED 21 B. PL home, efc.) (Hour) 21 B. W. home, efc.) (Hour) Ac	ACE OF INJURY (e.g. form, factory, street,	Yes in ar about 21C. W office bldg, INJURY 21F. HO WORK utopsy X and de Homicia CHIEF ME	HERE DID (If in Boltimo OCCUR?) W DID INJURY OCCUR that an this basis, a	ring causes of DS	EATH?



VS 150-REV. 1/1/65

00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		66 08829						
BIRTH NO. 66 08829	CERTIFICA	TE OF DEATH	Registered Na	00 00029						
NAME OF DECEASED YOUR OF Print) ROBERT 5.	RIVENOR		30-1966	2:30 P.						
PLACE OF DEATH IN BALTIMORE, MARYLAND	KIVEIVER		re deceosed lived. If ins	titution: residence before admissi						
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddiess or location)	n, give street	C. CITY OR TOWN (If our	LAND	JRAkmand give township)						
INSTITUTION		BALTI D. STREET ADDRESS (IF	MORE	2-1-15						
LUTHERAN HOSE	OF MD-	4943	EDGEMEI	\						
	ED, NEVER MARRIED VED, DIVORCED (specify) FIEVER MARRIE	B. DATE OF BIRTH D 11-30-1908	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.						
OA. USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working lile, even if retired)		11. BIRTHPLACE Sinte or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?						
PLANT WORKER ICE-C	REAM CO.	USAV	Md.	USA						
		14. MOTHER'S MAIDEN NA	WE							
VILLIAM ALBERT SCRIL 5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	NETTIE W	ORLEY	ADDRESS						
Yes, no or unknown) (If yes, give wor or dotes of service WWII		CHART								
18. 252.01	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0.	had 5. 10	3	Acrite						
(This does not mean the mode of dying, e.		my cmool	18.W							
heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	Rt.	al tibelli	+ \	Chronic						
ANTECEDENT CAUSES	(B) OVE TO	an I would	M.on.							
DISEASES OR CONDITIONS, if ony, givinise to the obove couse (A) stolling the UNDERLYING CONDITION lost.	he (c) Hy	perthepoidis:		Chronic						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING	VD								
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?						
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)						
21D. TIME (Month) (Doy) (Yeor) (Hour) 2 OF INJURY	While At Not While Work At Work	21 F. HOW DID INJ	URY OCCUR?							
22. I certify that (I) (this haspital) attended	d the decessed from	8 - 10	19 66 10	8-30 1966						
that (I) (we) last saw the deceased alive a			ot in (my) (aur) opin	ian death occurred on the						
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.									
23A SIGNATURE		ending Med.	Stoff	23B. DATE SIGNED						
23C. PHYSICIAN'S NAME (Type)	Phy	s. Director 23D. ADDRESS	Phys.	8/30/66						
NAME (Type)	M.D.	LUTHERAN	HOSD.	UF MD						
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRI	EMATORY 24D. L	OCATION (City	, lown, or county) (State						
	Baltimore Nat	cional Ba	altimore.	Maryland						
	E OF REGISTRAR	25C. FUNERAL DIRECTOR		Maryland ADDRESS 4905 York Ro						
1300 (F. F.	TE FORMA	TON O OUNTIND		Balto 12, Md.						

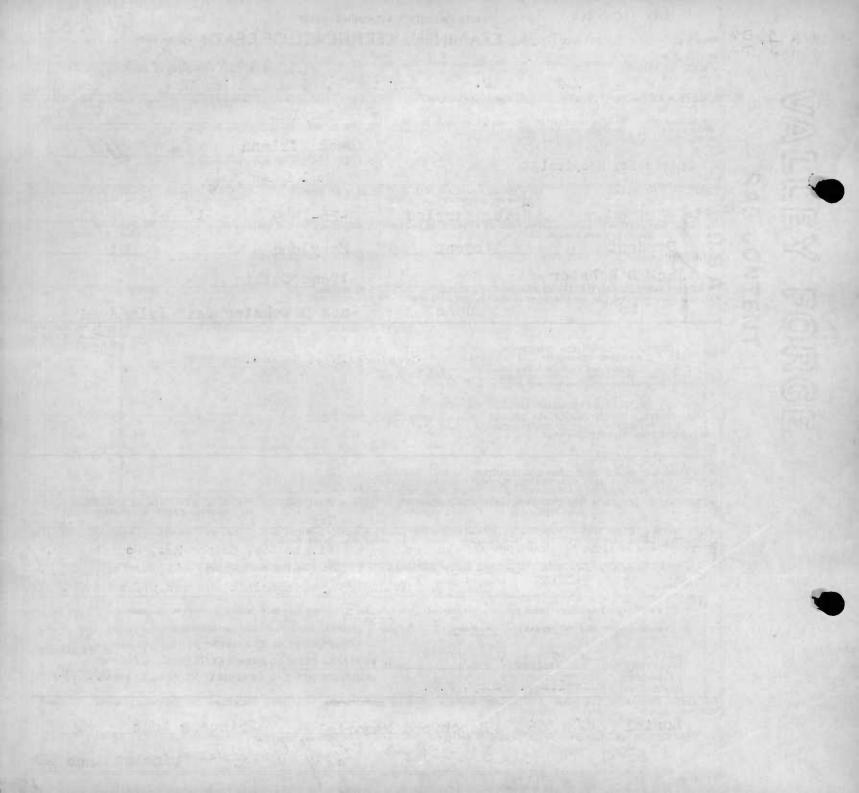
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BYA AS DALMING A CALL IN SEC. TO BE AND THE SEC. DA THE DESTRUCTION OF THE SALE SALE SALE SALE A TOTAL COLUMN TOTAL STATE TOTAL TOTAL

RAI	TIMORE	CITY	HEALTH	DEPARTMENT
BAL	HMUKE	CILY	MEALIN	DEPARTMENT

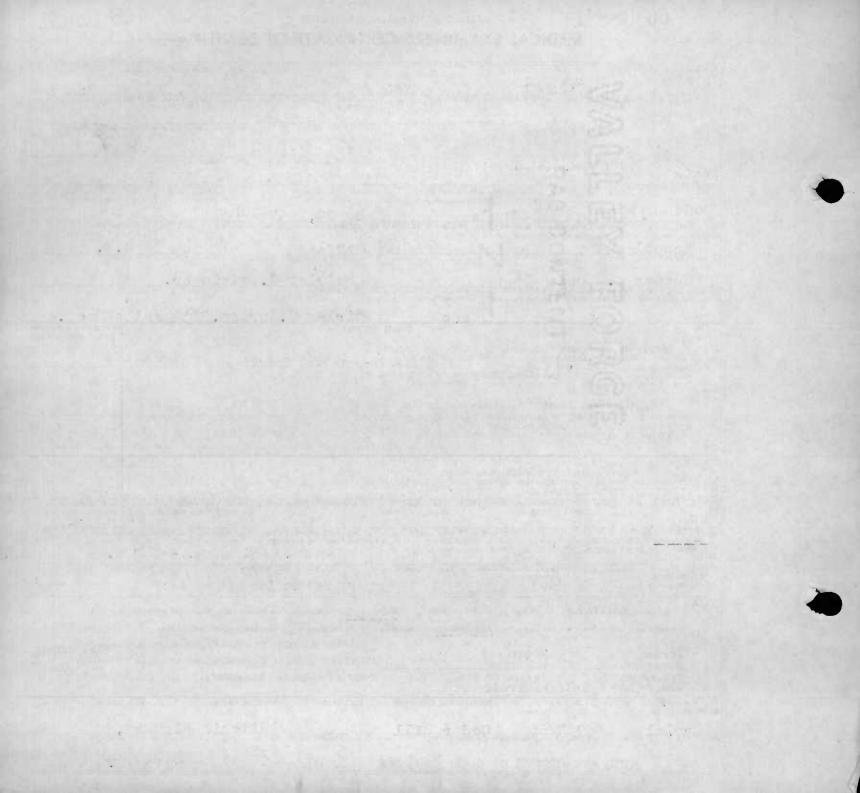
	66	08830		BALTIMORE CITY HEA	LTH DEPARTME	ENT		66	08830	
BIR	TH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICA	TE OF DE	ATH Regis	ered Na		
١	E. CASE NO.						/	1		
1. (Ťy	Pe or Print)	EASED	T				IOUR PRONOUNC			
	DI A CC INI DALT	JACK			STER		28, 1966		6:45 A M.	
3.	PLACE IN BALL	IMORE MARYLAND, W	HERE PRONO	INCED DEAD	A. STATE	IDENCE (Where dec	eased lived. If ins	UNTY		
FU	LL NAME OF	ADDRESS OR LDCA	AL DR INSTITU	TIDN, GIVE STREET		ryland	orporate limits, writ		erset	
IN:	NOITUTION	ADDRESS ON LOOP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Deal	Island		/	9 00	
2	Univer	sity Hospital				DRESS (If rural, giv	e location)		7-00	
2	ourvers	sity nospital			De	al Island	Road			
5. 5	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIE	RTH	9. AGE (In years	If Under 1	r. If Under 24 Hrs	
M.	ale	White	9.7	olvorced(specify) married	2 26		last birthdoy	Months	s Hours Min.	
10/	USUAL OCCU	PATION (Give kind of world		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	= 1949 E (State of foreign co	ountry)	12. CITIZEN	DF	
dan		rarking life, even if relired) lent	St	udent	Man	rl and		WHAT C	OUNTRY?	
13.	FATHER'S NAM		1 00	dueno	14. MOTHER'S	WAIDEN NAME		USA		
	Jack	D Webster			Iren	ne Catlin	1			
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
		No		none	Jack	D Webste	er Deal	Island	Md	
	18.	0 / 4/-		CAUS	E OF DEATH			LINI	ERVAL BETWEEN	
	DISEAS	E OR CONDITION DI	RECTLY					ON	SET AND DEATH	
		LEADING TO DEATH		(A) Cran	iocerebra	1 Injury.			-	
	heart failure,	at mean the made of asthenio, etc. It means application which caused	the disease,	DUE TO						
		NTECENDENT CAUSE OR CONDITIONS, IF A		(B)DUE TD						
	RISE TO THE	E ABOVE CAUSE (A) ST	TATING THE	000 10				111111111111111111111111111111111111111		
Z				(C)		***************************************				
ATIO	071150 0101	II	CONTRIBUTIO	10			The state of the			
S	TO THE	DEATH BUT NOT RE	LATED TO T							
ERTIFICATION		OPERATION 198, CON		WHICH OPERATION	20A. AUTOP	SY? (Yes at No) 20B	. IF YES. WERE FI	INDINGS CONS	IDERED	
2		WAS PER			Ye	IN	CERTIFYING CAU			
3	21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , farm, factory, street,	in or obout 21C.	WHERE DID (If in	Baltimare City, g	ive exact lacati	an) 6 9 - 0	
EDIC	UTING CAU	SE OF DEATH.	etc.)	Street	St	.Rt. 363,	Chance, Md	., Somer	set Co.	
Σ	21D TIME OF INJURY	(Month) (Doy) (Year	r) (Hour) 2	1E. INJURY OCCURRED		HOW DID INJURY	OCCUR?			
	(APPROX.)	8 21 '6	6 A	VHILE AT NOT	WHILE X M	otorcyclis	t who ran	off roa	dway.	
	22.	ify that I held an I			rtapsy 🔀 a	nd that an this b	asis death in	my aninian		
		ted from: Natural ca		colden Suicid			etermined mann			
	10301	0 /		7 /		MEDICAL EXAM		01		
	ACTUAL		21/2)	/		MEDICAL EXAM		0	ATE SIGNED	
	SIGNATI	Epic -	crug o	M. C	*	MEDICAL EXAM	painting	8	/28/66	
	NAME (1	(Type) Charles	S. Pet	ty M.D.	ALL CIA I E					
	MOVAL (Specify		23	C. NAME OF CEMETERY	4CCHERRATORY	23 D. LOC	ATION (City	, tawn, or count	y) (State)	
	Bura	- 011	66	Beechwood N	[emonia]	Pr	incess A	Inne	MD	
24/	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		RAL DIRECTOR		ADD	RESS	
	16	SEP 1 1966	Robert	r E. Javlay A.	Low	y /J Wes	Ster Pri	incess	Anne MD	
-						J	- 4 -		TILLO OF	

VS 151-REV. 1/1/65



N-140 BIRTH NO. BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH ROOM

M.E. CASE NO.	CAL EXAMINER 3 C	EKTIFICATE OF DEATH Regi	stered Na.
1. NAME OF DECEASED		2, DATE AND HOUR PRONOU	NCED DEAD
(Type or Print)	HED NORT		
CHRISTOP		4. USUAL RESIDENCE (Where deceased lived. If	1966 8:30 A M. institution: residence before odmission) COUNTY
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADORESS OR LOCA INSTITUTION	AL OR INSTITUTION, GIVE STREET TION)	Maryland C. CITY OR TOWN (If outside corporate limits,	
Union Memoria	al Waanital	Baltimore D. STREET ADDRESS (If rurol, give locotion)	
Onion Memoria	ar nospitar	3732 Falls Road	
SEX 6. RACE Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In year lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work	Single	May 29, 1957 9	12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
School 3. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAME	U.S.
Thomas P. Noble		Shirley C. Misinger	2
5. WAS DECEASED EVER IN U.S. ARMED (es, no or unknown), (If yes, give wor or date		17. INFORMANT	ADDRESS
no no	no	Shirley & Gordon, 37 32	Falls Road.
18.		E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY		ONSET AND DEATH
LEADING TO DEATH	(A) Cran	io-cerebral Injuries	THE REPORT OF THE PARTY.
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused of	the disease,	3	
injuly of complication which coused to	icom.		
ANTECENDENT CAUSE	(2)		
DISEASES OR CONDITIONS, IF A			
UNDERLYING CONDITION LAST.	(C)		
11			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PERF	ATED TO THE		
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
		Yes	Yes
21 A. EXTERNAL CAUSE WAS	21 B. PLACE OF INJURY (e.g., hame, form, factory, street,	in or obout 21C. WHERE DID (If in Boltimore City. office bldg., INJURY OCCUR?	, give exact location)
UTING CAUSE OF DEATH.	etc.) Street	West on Union Ave.	- 140' W. of Falls
21D TIME (Month) (Doy) (Year		21 F. HOW DID INJURY OCCUR?	13208
(APPROX.) August 24 '66	WHILE AT NOT AT W	WHILE Pedestrian hit by a	uto
22. I certify that I held an Ir		tapsy 🗴 ond that an this basis, death i	n my apinlan
resulted fram: Natural cau		le Hamicide Undetermined ma	nner
1/1/1	7. 8 /	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	Cycles and M. C	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	er Breitenecker	ASSOCIATE MEDICAL EXAMINER	8/31/66
A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	OF CREMATORY 23D. LOCATION (C	City, town, or county) (State)
Burial 9/3/6	Cedar Hill	Ritchie Hi	ghway Md
4A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
SEP 9 1000	OD RO FARLE	· Clusten E. Donova	n -3818 Notand
/S 151-REV. 1/1/65	The state of the s	0 0 0	





66 08	RALTIMORE	CITY HEALTH DEPARTMENT	1/	00 00000
SIKITI NO.	CERTIFIC	CATE OF DEATH	Registered Na.	66 08833
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE AND	HOUR OF DEATH	
100	ILLIAM EDANKLIN			2 1.5 0
HARMAN, W	F MARYLAND	4. USUAL RESIDENCE (Where da. STATE B. COUNTY	lossesed lived II institut	3:45 PM.
		A. STATE B. COUNTY	secedado nved, il insilibi	Jake Marshall
FULL NAME OF (If not in ha HOSPITAL OR address or I	spital ar institution, give street	24 GLENWOOD AV	E., CATONSV	ILLE, MD 21228
HOSPITAL OR address or I	acatian)	C. CITY OR TOWN (If autside		
ST. AGNES HOSPI	ΤΔΙ	BALTIMORE, MA	RYLAND	12-AA
CATON AND WILKE		D. STREET ADDRESS (If rura	I, give location)	
		24 GLENWOOD A	VENUE	
5. SEX 6. RACE	AND 21229 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years If	Under 1 Yr. If Under 24 Hrs.
MALE CAUC.	MARR IED (specify	-11-20-05 last	birthday) Me	Under 1 Yr. If Under 24 Hrs. anths Days Haurs Min.
done during mast al warking life, even if re	of work 10B. KIND OF BUSINESS OR INDU		country	CITIZEN OF WHAT COUNTRY?
done during mast al warking life, even if re SALESMAN	REAL ESTATE	MARYLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
WILLIAM P. HARM	AN (DECID)	MARY C. WAREHE	IM	
		17. INFORMANT	I I I	ADDRESS
15. Was Deceased Ever in U. S. Arm. (Yes, no grunknown) (III yes, give war o	or dates al service) SECURITY NO.			ADDRESS
COMPAN UNITA	217 05 40	47 HOSPITAL SLIP	ST.	AGNES HOSPITA
18. 4/ × / Y	CAUS	E OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY	Aser)	1-0	ONSET AND DEATH
LEADING TO DE	ATH (A)	luctures llost	a alleere	1111
(This does not mean the mod	de of dying, e.g., DUE TO		1	
heart foilure, osthenio, etc. It n	oused death.)	heall		
ANTECEDENT CA		Hoev')		
	DUE TO			
DISEASES OR CONDITIONS,		ID HANGUNGO AND GO GO OF THE AAAD TOWN OF THE AAAD OF		
UNDERLYING CONDITION In			**************************************	
ll ll				
Z	ONS CONTRIBUTING			
TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	SING IT.			
19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	OB. IF YES, WERE FIND	NINGS CONSIDERED
			JERNI IIITO CAUSES	, -, -, -, -, -, -, -, -, -, -, -, -, -,
OR CONTRIBUTING CAUSE O	ING 21B, PLACE OF INJURY (ag, in ar about 21 C. WHERE DID at, affice bldg., INJURY OCCUR?	(If in Baltimare Cit	y, give exact lacation)
▼ DEATH (natily medical examiner)	etc.)	,, amor singly introduced the		
21D. TIME (Manth) (Day)	(Year) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
S OF INJURY		While -		
(APPROX.)		11,20 /1		3:45 PM
22. 1 certify that ()((this has	spital) attended the deceased fram		66 , AUGUS	
that (X (we) last saw the de-	ceased alive on AUGUST 30	19 66 and that	in (mx) (aur) apinian	death occurred on the date
	s stated abave. (We) (did) (XiXX	X view the hady after death		
23A, SIGNATURE	10.	on, view line body differ death.	look	B, DATE SIGNED
The	When lep Mo M.D.	Attending Med. Sta		8/2.11
	M.D.	Phys. Director Phy	ys.	0/20/06
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	HEREDIA	MILKENS & CAT	ON AVE.	
24A. BURIAL CREMATION, 24B. DA				own, ar caunty) (State)
REMOVAL (Specily) 9/3	1			
0011111	110000000000000000000000000000000000000	ral cem, B	AllMore	Md,
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	1ra/ Cery, B 25C. FUNERAL DIRECTOR E. S. Whe Mad	10 3017	Frederick Rd
SEP 2 196	6 P. D. B. E. Harbours	E.S. Whe Mal	of p	0/2 2/

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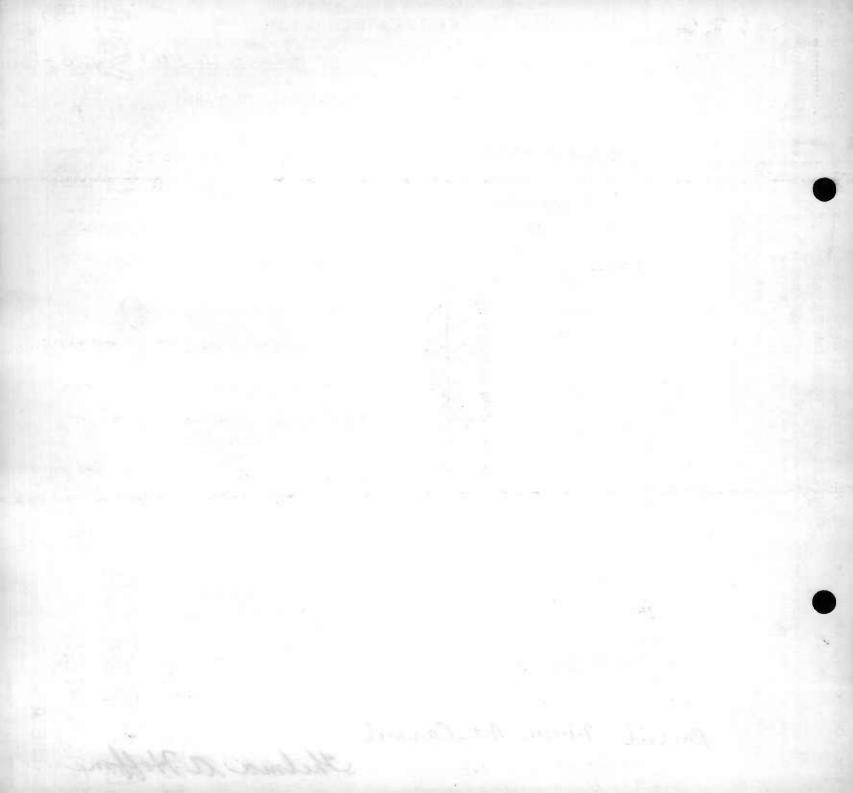
TANK TERCH .YO SHIP DARKSELL TON EL TIS -- TO SEE THE STATE OF THE SECOND STATE OF THE

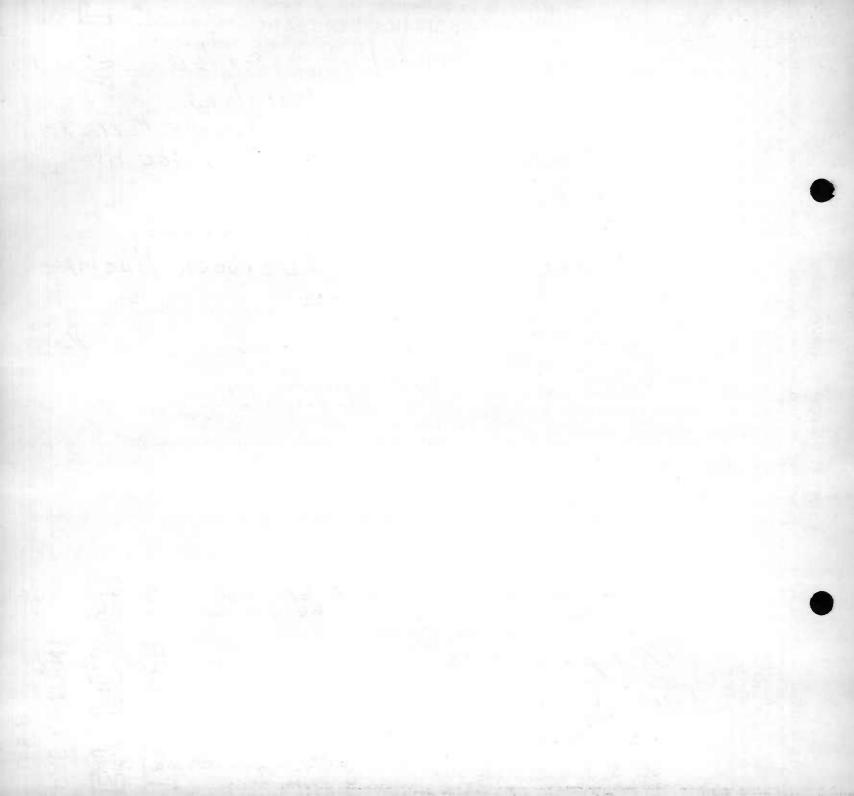
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-	00	DOODA		BALTIMORE CITY	HEALTH DEP	ARTMENT		4	66 08834	
M.E. CAS		08834		CERTIFICA	TE OF D	EATH	Registered	No	00 00004	
	OF DECEASED						ND HOUR OF DI		,	
	OF DEATH IN BA	GU		LONG	September 1, 1966 & A. M. [14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)					
FULL N	NAME OF (If	not in hospital a	give street	A. STATE	ary land	YTY	. IT INSTITUT	non: residence before admission)		
	HOSPITAL OR oddress or tocotion) INSTITUTION							write RURA	L ond give (awaship)	
	3.00				D. STREET AD	altimor	rurol, give location	16	-10	
19-1	127	S. Clint	on Str	7997						
5. SEX	6. RACE		7. MARRIED	, NEVER MARRIED	B. DATE OF BI		9. AGE (In years	I IF	Under 1 Yr. , If Under 24 Hrs.	
Male	Whit	e	Marri	D, DIVORCED (specify)	Oct. 11	1898	lost birthdoy)	Mo	onths Doys Hours Min.	
IOA. USU A	L OCCUPATION	Give kind of work		F BUSINESS OR INDUSTRY	11. BIRTHPLAC		eign country)	12	CITIZEN OF WHAT COUNTRY?	
	most of working life		ore Fi	re Dept.	Matthew	s Co	Virginia		WHAT COUNTRY	
	RS NAME				14. MOTHER'S			1		
	Wil	liam G.	Furlon	g	Hat	tie Min	or			
5. Wos D	Deceased Ever in U	. S. Armed Force	•s?	1 6. SOCIAL	17. INFORMAN	T			ADDRESS	
No.	unknown) (If yes, g	IVe wor or dotes	of service	SECURITY NO.	Mrs. Ma	rie Fur	long 12	27 S.	Clinton St.	
1B.	422,1	1		CAUSE O	1				INTERVAL BETWEEN	
	DISEASE OR CO	NOTION DIR	ECTLY	10.1					ONSET AND DEATH	
(This	daes nat mean	the made of	dvina a a	(A) Car	dio U	ascule	en dia	ease	Mout 3 year	
heart	failure, asthenia,	etc. It means	the disease,	, ,						
injury	injury or camplication which caused death.) ANTECEDENT CAUSES (B)									
DISEA			ny nivina	DUE TO						
rise	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)									
GND	ERLYING CONDI	IION last.								
NO THE TO SEA	ER SIGNIFICANT C THE DEATH BI ASE OR CONDITION	ONDITIONS COUT NOT RELATED CAUSING TO	ONTRIBUTIN	G Chronic a	record	ary o	neme	el-	Hout 4 grs.	
			ITION FOR	WHICH OPERATION				VERE FIND	INGS CONSIDERED	
OR C	ACCIDENT WAS ONTRIBUTING OF H (notify medical e	CAUSE OF	218 hor etc	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o	n or obout 21 C. V	WHERE DID RY OCCUR?	(If in Bo	Itimore Cit	y, give exact location)	
Q 21 D. T		(Doy) (Year)	(Hour) 21 E	E INJURY OCCURRED	21 F. H	OW DID IN.	JURY OCCUR?			
OF IN			WI	hile At Not While At Work	e 🗌					
22. 1	certify that (1) (this hospital)			9 2		1962 Ma	S a 7	1966,	
				. /					death accurred on the date	
111				(I) (We) (did) (did not)						
	IGNATURE							23 B	B. DATE SIGNED	
1	Frank	u. C	cele	M.D. Atte	ending S	Med. Director	Staff Phys.		Sept. 2, 66'	
23 C. P	HYSICIAN'S NAME (Type)		7		23D. ADDRESS					
F		V.OG	DEN	/_ M.D.	2701	NIC	alver	t 54		
24A. BURI		24B. DATE		AME of CEMETERY of CR	MATORY	24D. I	OCATION	(City, to	own, or county) (State)	
Bur		9-6-196	66	Oak Lawn		Bal	timore Co	ounty,	, Maryland	
25A. DAT	E REC'D BY HEAL	1000	25B. NAME	OF REGISTRAR		AL DIRECTO	R		ADDRESS	
	SEP 2	1966	Robert	8.8 stailer MA	Lilly	& Zeile	r Inc.	1901-0	7 Eastern Ave.	
VS 150-RE	V. 1/1/65					-				

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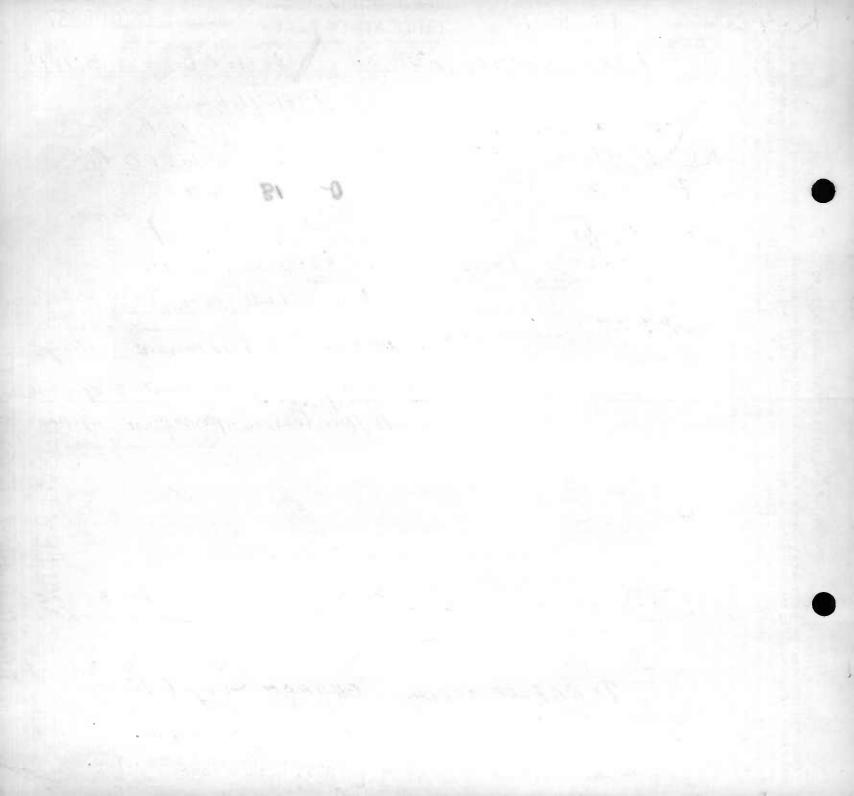


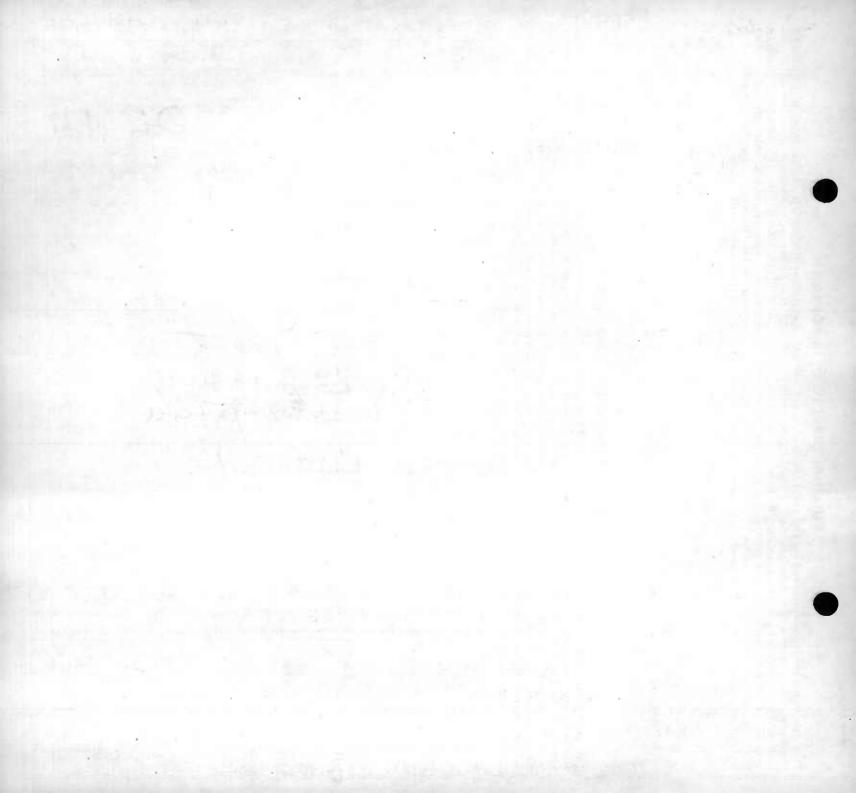


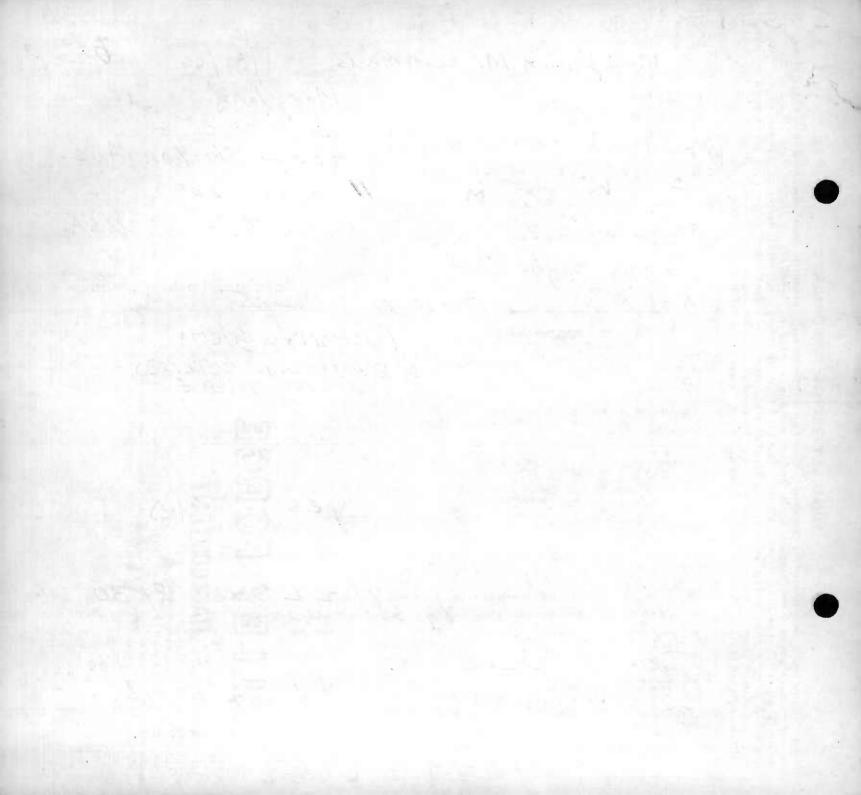
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before utside city limits, write RURAL and give Township) If Under 24 Hrs. If Under 1 Yr. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) .19 ______ond that in(my) (our) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) Baltimore, Md. Schimunek Funeral Home, Inc. 2331 Brehms Lane







IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

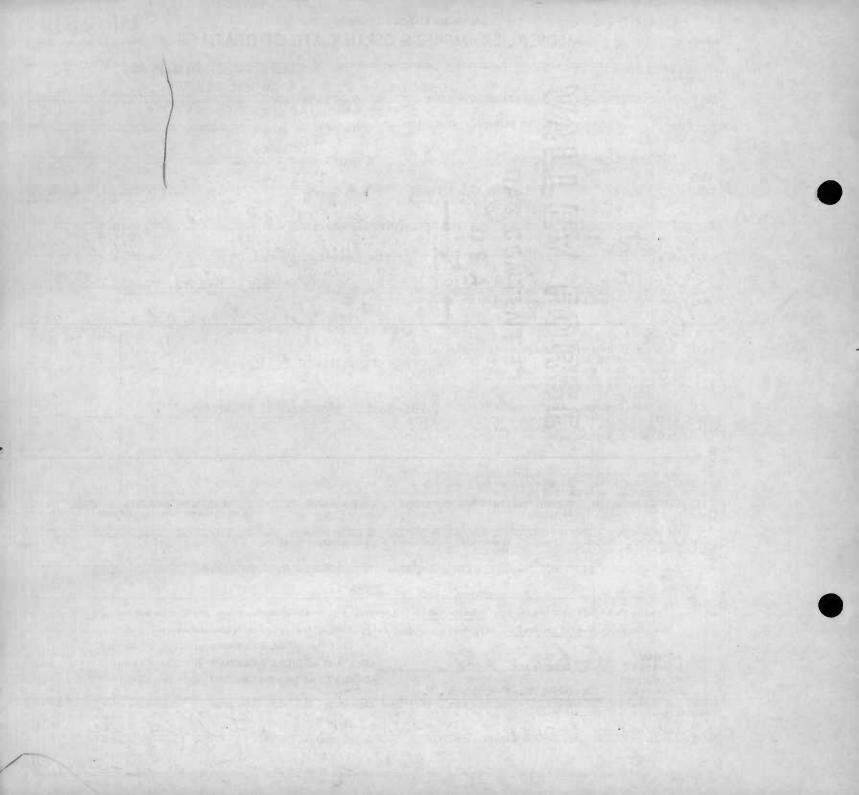
dividual to the total

BIR	TH NO. 64	1-0902/MED		AMINER'S CI		OF DEATH Regist	ered Na	
M.	E CASE NO.							
1. (Tv	NAME OF DE	CEASED			2, DA1	E AND HOUR PRONOUNG	ED DEAD	
.,		IMOTHY L.	ВС	WSER		August 30, 196	6	8:45 P _M
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	Where deceased lived, If ins B. CO	titution: resid	dence before admission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		outside corporate limits, wri	e RURAL of	nd give township)
	1946	Lutheran Hos	pital -I	OOA	D. STREET ADDRESS (III	frurol, give locotion) 4 Ellicott Driv	ve	
5. 5		6. RACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under	1 Yr. If Under 24 Hrs. Days Haurs Min.
	Male	Colored		ERMARRIED	3-30-64		12. CITIZI	EN OF
		working life, even if retired)	KIOUS KIND OF	BOSHIESS OR HIDDSIRI			WHA	T COUNTRY?
13.	ATHER'S NAM	A E			MARK L	NAME	0	L.S.A.
	SAM	MUEL	Bow	SER		V JONE.	S	
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	ELLieut
	NO			-	MRSH	ELE NBOI	WSER	
	1B.	4. 4		CAUSE	OF DEATH	ENILION		INTERVAL BETWEEN
	DICEA	SE OF CONDITION D	DECTIV					ONSET AND DEATH
		SE OR CONDITION DI LEADING TO DEATH	1	Brone	honnoumonia			
	(This daes heart failure injury ar co	nat meon the mode of , asthenia, etc. It means mplication which coused	dying, e.g., the disease, death.)	DUE TO	chopneumonia			••••••••••
		ANTECENIDENT CALLS	ec					
		OR CONDITIONS, IF A		(B) Cereb	ral Palsy			•••••••
	RISE TO TH	E ABOVE CAUSE (A) S	TATING THE	201 10			7	
z	01100111	TO CONTINON EASI.		(C)				***************************************
은		II						
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T	IG HE				
ERT	19A. DATE OF	OPERATION 198. CON	IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CAU		
C	2	WAS FEE	TORMED		ves		ISES OF DE	ves
EDICA	UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. (hame, etc.)	farm, factory, street, o	in or obout 21C, WHERE I ffice bldg., INJURY OCCL	DID (If in Baltimore City, o	ive exoct lo	ocation)
Σ	21 D TIME OF INJURY	(Month) (Day) (Yeo	r) (Haur) 2	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		and the second
	(APPROX.)		m. W	HILE AT NOT YORK AT W	WHILE ORK			
	22. I cer	tify that I held an I			apsy X and that	on this basis, deoth In	my oplniar	1
	resu	ted from: Natural ca	uses X A	ccident Suicide	Hamicide .	Undetermined mann	er 🗌	
		1711	2.0		CHIEF MEDICA	L EXAMINER		DATE SIGNED
	SIGNAT		ary	who wo	ASSISTANT MEDICA	L EXAMINER X		DATE SIGNED
	EXAMIN NAME (IER'S	Breiter		ASSOCIATE MEDICA			8/31/66
	BURIAL CRE	MATION, 238. DATE		NAME OF COMETERY O	CREMATORY	23D. LOCATION (City	, town, or o	county) (State)
	BURIF	-	-66	CARVERA	NEM. PARK	LAURFL	mag	VIAND
		BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERAL DIRE	CFOR /	A	DDRESS
		SEP 2 1966	Robert	- E. Farburna	Jusiph o	X. Kuss 220	22W.	neuk are
VS	151-REV. 1/1/	['] 65	7 (0 0	1881	(SIL		1111

P 2 B CARL THERE HELLEN TONES SAL BE TREMAKE MRS HELE OF STATES AND BEFORE THE SALES AND THE FRANK FRANKE PRINCES

VS 151-REV. 1/1/65

	66 08842 BALTIMORE CITY H	HEALTH DEPARTMEN	ıT	66 08842
IRT	MEDICAL EXAMINER'S	CERTIFICAT	TE OF DEATH Registr	ered No.
	CASE NO.	GERTINIO, C.		
. N	AME OF DECEASED		2. DATE AND HOUR PRONOUNC	ED DEAD
Тур	THEODORE ROBINSO	ON	August 31, 196	6:55 P M.
. P	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Mai	ENCE (Where deceased lived. If ins	stitution: residence before admission) UNTY
105	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PITAL OR ADDRESS OR LOCATION)	C. CITI OK 10	VN (If outside corparate limits, writh $1 ext{timore}$	te RURAL and give township)
	1711 Bolton Street		RESS (If rural, give lacation)	,
0	0	17	11 Bolton Street	
5. S	WIDO WED, DIVORCED (specify)	8. DATE OF BIRTI	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	ale Negro USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF (7)
lone	during most of working life, even if retired)	mare	sland	WHAT COUNTRY?
3. F	ATHER'S NAME	14. MOTHER'S M	AIDEN NAME	
1	Denjamin Jolenson	(V)a	rale xee	ADDRESS
	NAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown life yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	7 ^	ADDRESS
	740	Cava	Arr. anna	polis Mix.
	IB. CA	AUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY) Story All Summi
	LEADING TO DEATH (A) Con	gestive Hear	t Failure	
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease. injury ar camplication which caused death.)			
	ANTECENDENT CAUSES (B) Idi	opathic Myoc	ardial Hypertroph	у.
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE			
_	UNDERLYING CONDITION LAST.	0000 m = 00 m om mm = 0 m o o o o o o o o o o o o o o o o o o		
<u>Õ</u>				
IFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY No	? (Yes or No) 20B, IF YES, WERE FIN CERTIFYING CAL	
EDIC	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21 B. PLACE OF INJURY home, form, foctory, streetc.	(e.g., in or about 21C. Veet, affice bldg., INJURY	WHERE DID (If in Baltimore City, y OCCUR?	give exact lacotion)
Σ	21D TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCUR OF INJURY (APPROX.) WHILE AT WORK	NOT WHILE	OW DID INJURY OCCUR?	
	22.	-		
	I certify that I held an Inquiry Inspection X		d that an this basis, deoth In	
	resulted from: Natural causes X Accident S	vicide Hamici	and the same of th	ner 🔛
			EDICAL EXAMINER	DATE SIGNED
	SIGNATURE Charles l'enz		EDICAL EXAMINER	9/1/66
	EXAMINER'S	ASSOCIATE M	MEDICAL EXAMINER	3/1/00
00.0	NAME (Type) Charles S. Petty, M.D.	TERM - CREATATORY	23D LOCATION (C)	y, tawn, or county) (State)
	BURIAL CREMATION, 238-DATE 23C. NAME of CEMET	OF CKEMATOR	23D. LOCATION (Cit	4 - Golden
1	Jurial 9/3/66 13 roa	diffec	SU, 11 ja	rejarels, MX
244	. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C FUNER	AL DIRECTOR	ADDRESS/
				1-17/1 M



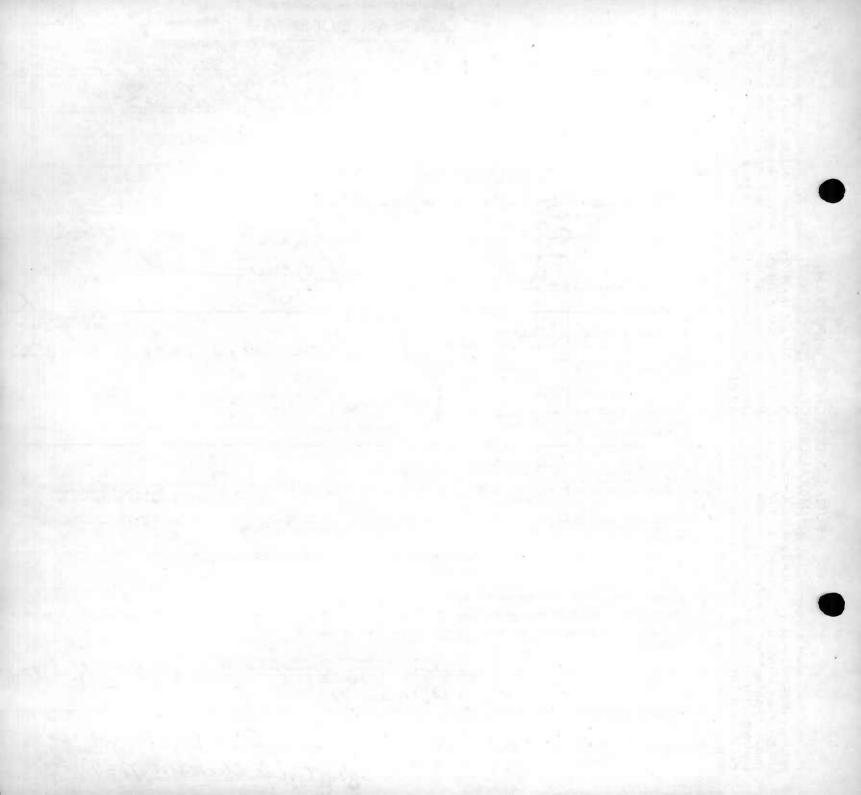
BALTIMORE CITY HEALTH DEPARTMENT

Albelle Coof Brown MY + Office of brown No

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission (f Under 1 Yr. Months: Doys if Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS un a INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Boltimore City, give exact (acation) and that in (my) (aur) opinfan death accurred an the date 23B, DATE SIGNED (State) down, or county)



V\$ 150-REV, 1/1/65

Form from funeral director, 9/9/66

IMPORTANT

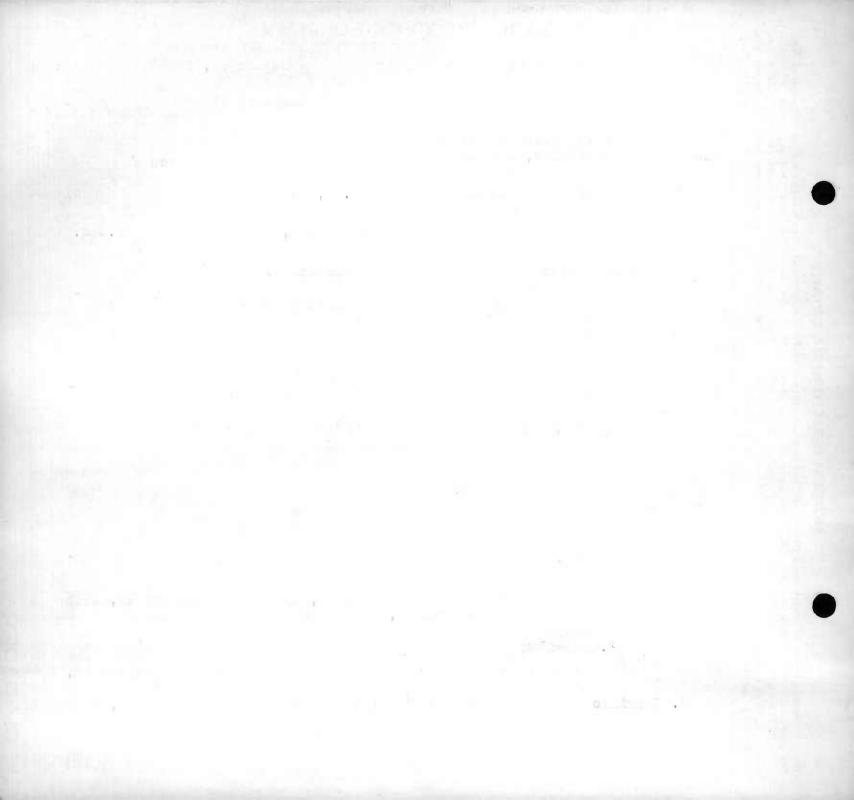
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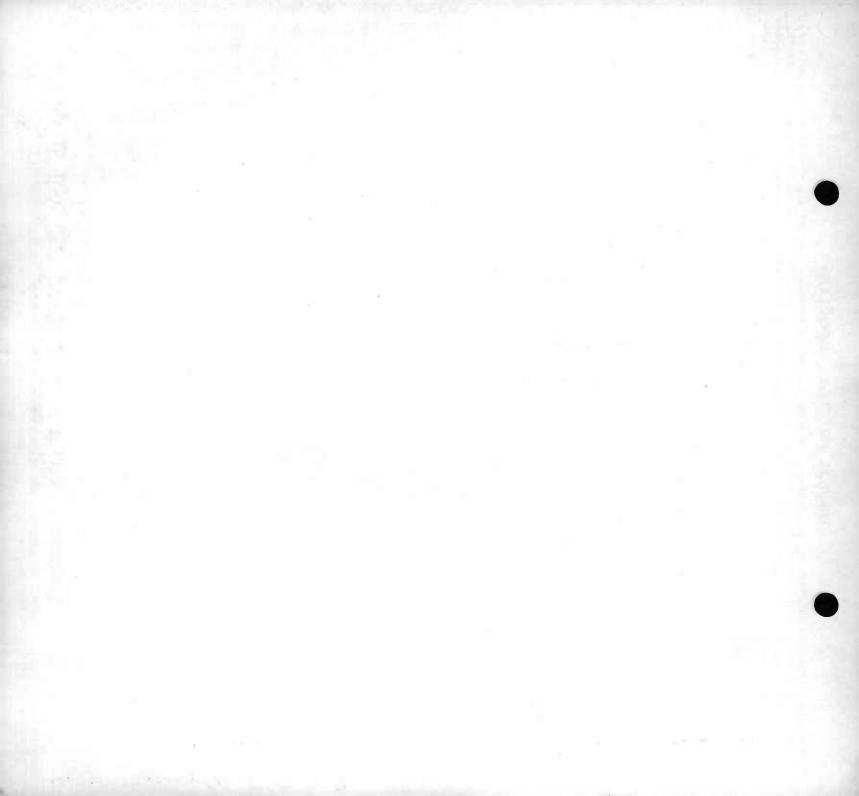
a forest that the second A MARIE A CONTRACTOR OF THE PARTY OF THE PAR July and The said service have a service Single same of glar from the same of the same J.141- 110 some first from in

IMPORTANT

DIRECTOR:

FUNERAL





M.E. CASE NO.	CEASED			2. DA	TE AND HOUR OF DEAT	Н	
Type or Print)		(itaball		-			
. PLACE OF DI	Fannye B. M	ARYLAND		4. USUAL RESIDENCE	-30-66 (Where deceased lived, If	f institution: residence before od	missio
T = -					COUNTY		
HOSPITAL OR			ive street	Maryland	Baltimore	le RURAL and give township)	
INSTITUTION				Baltimo		1 1	-0
				D. STREET ADDRESS	(If rural, give location)	11-	
90 B	selvedere Nu	rsing Ho	me	101 W. Mo	nument Stree	t	
S EX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr. If Under Months Doys Hours	24 Hi
Female	White	Widow	, DIVORCED (specify)	3-26-1885	tost birthdoy) 81	Monms Doys Hours	PVIIII.
	CUPATION (Give kind of wo f working life, even if retired)		BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of	i foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	ial Nurse			Virginia		USA	
3. FATHERS NA				14. MOTHER'S MAIDEN	NAME		
	Too	ckson		Unknown			
5. Wos Decense	d Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS	
Yes, no or unknow	(If yes, give wor or do	tes of service)	SECURITY NO.		4.40 =		
			213-03-299	•	z 4407 Went	worth Avenue	
18. / 4	63 XI		CAUSE	OF DEATH		ONSET AND DE	
DISEA	ASE OR CONDITION D LEADING TO DEATH		11	P	1: Va-1. 0	0. 301	
(This does	not mean the made a		(A)	Mosters in a	aco rogala	your 12 year	2
heort foilure	, osthenia, elc. Il meon	s the diseose,	a	11/2		.(1	
injury or co					/ 1	-7/	
	mplication which couse		(8)	Pulmoney	Emplyem	7	
	ANTECEDENT CAUSE	S	(B)	Rulmoney	Lizhzens	7	000-000-0
	ANTECEDENT CAUSE	S ony, giving	DUE TO	Pulmoney	Englyen		000 7000 70
rise lo Il	ANTECEDENT CAUSE	S ony, giving	(B) C	Pulmoney	Englyen	~ ?'	000 7700 701
rise lo Il	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A)	S ony, giving	(B)	Rulmoney	Englyen	7	000 1700 101
rise lo II UNDERLYIN	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. II	ony, giving stating the	,	Rulmoney	Englyen	7	
NO THER SIGN TO THE I	ANTECEDENT CAUSE OR CONDITIONS, if the above couse (A) IG CONDITION last. II WIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ony, giving of stating like contributing contributing at the lit.		V	0 0		00000000
NO THER SIGN TO THE I	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. II NIFICANT CONDITIONS OR CONDITION RELATION NOT RELATION CONDITION COURS OF OPERATION 19B. CO	ony, giving of stating like contributing contributing at the lit.		Pulmonly (Yes	0 0	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
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OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 19B. CO WAS PE	Ony, giving stoting like CONTRIBUTING ATED TO THE IT. NOTION FOR WARFORMED	HICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
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NOTHER SIGN OTHER SIGN OTHER SIGN OTHER SIGN OF TO THE IDEASE OF ISSASE OF ISSASE OF INJURY (APPROX.)	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT RELEVANT CONDITION CAUSING OF OPERATION 19B. CO WAS PERIT WAS UNDERLYING CAUSE OF (y medicol exomine) (Month) (Doy) (Year	ONTRIBUTING ATED TO THE IT. NOTION FOR W RFORMED 21B. hom etc.) (Hour) 21E. Whill Worl	PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes, in or about 21C. WHERE Coffice bldg., INJURY OCCL	OI No) 20B. IF YES, WER IN CERTIFYING COULD (If in Baltim	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
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OTHER SIGN TO THE IDISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. DEATH (notified of injury (APPROX.) 22. I certified that (I) (***)	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. II NIFICANT CONDITIONS OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITION CAUSING OF OPERATION 199. (Year (Month) (Day) (Year y that (1) (this haspite) I last sow the decease and from the couses sta	ONTRIBUTING ATED TO THE IT. NOTION FOR W RFORMED 21B. hom etc.) (Hour) 21E. Whill Worl bil) ottended the	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED Le AI Not Wall Work Redeceosed from	20A. AUTOPSY? (Yes office bldg., INJURY OCCL hite 19 66 0	OI No) 208. IF YES, WER IN CERTIFYING ON IN CERTIFYING ON INJURY OCCUR? 19 22 6 ta	RE FINDINGS CONSIDERED CAUSES OF DEATH? note City, give exact location)	
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OTHER SIGN TO THE (IDSEASE OF OPEN CONTRIBUTION) 21A. ACCIDION CONTRIBUTION (APPROX.) 22. I certifithot (I) (Cond hour of 23A. SIGNAT)	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT RELE R CONDITION CAUSING OF OPERATION 19B. CO WAS PE ENT WAS UNDERLYING SUTING CAUSE OF fy medicol exominer) (Month) (Doy) (Year I ast sow the deceose and from the couses sto	ONTRIBUTING ATED TO THE IT. NOTION FOR W RFORMED 21B. hom etc.) (Hour) 21E. Whill Worl bil) ottended the	PLACE OF INJURY (e.g. e, foim, foctory, street, INJURY OCCURRED Le At At Wo Le deceosed from	20A. AUTOPSY? (Yes office bldg., INJURY OCCL	OI No) 208. IF YES, WER IN CERTIFYING OI NO INJURY OCCUR? 19 26 ta	RE FINDINGS CONSIDERED CAUSES OF DEATH? Those City, give exact locotion) Popinian death accurred on the course of the course o	
OTHER SIGN TO THE	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. INFICANT CONDITIONS OF OPERATION 19B. CO WAS PE ENT WAS UNDERLYING SUTING CAUSE OF (Month) (Doy) (Year y that (1) (this haspite b) last sow the decease and from the couses sta	ONTRIBUTING ATED TO THE IT. NDITION FOR WARFORMED 218. hometc.) (Hour) 21E. Whill World bil) ottended the sed alive on oted obove. (I)	PLACE OF INJURY (e.g. e, foim, foctory, street, INJURY OCCURRED Le At At Wo Le deceosed from (We) (did) (did not) M.D. A	20A. AUTOPSY? (Yes office bldg., INJURY OCCL INJURY OCCUPANT OF THE OCCUPANT OCCU	OI NO) 20B. IF YES, WER IN CERTIFYING COMPANY OF THE PROPERTY	RE FINDINGS CONSIDERED CAUSES OF DEATH? Those City, give exact locotion) Popinian death accurred on the course of the course o	66 the do
OTHER SIGN TO THE ID DISASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 22. I certife that (I) (mond hour or 23A. SIGNAT 23C. PHYSICI NAME OF INJURY (APPROX.)	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT RELEVANT CONDITION CAUSING OF OPERATION 198. CONDITION CAUSING OF OPERATION (Month) (Doy) (Year Month) (Doy) (Year Month) (Doy) (Year Month) (Doy) (Year Month) (I) (Ahrs haspite of the couses stored from the couse stored	CONTRIBUTING ATED TO THE IT. NOTION FOR W RFORMED 21B. hom etc.) (Hour) 21E. Whill Worl bil) oftended the sed alive on oted obove. (I)	PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form) INJURY OCCURRED A I Wo e deceased from (We) (did) (did not) M.D. A	20A. AUTOPSY? (Yes office bldg., INJURY OCCU.) 21 F. HOW DI. 19 6 o view the bady ofter de hys. 23D. ADDRESS D. Millian	OI NO) 20B. IF YES, WER IN CERTIFYING OF IN CERTIFYING OF INJURY OCCUR? 19 26 ta	RE FINDINGS CONSIDERED CAUSES OF DEATH? Those City, give exact location) Popinian death accurred on the second s	
OTHER SIGN TO THE	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. II NIFICANT CONDITIONS OF OPERATION 19B. CO WAS PE ENT WAS UNDERLYING SUTING CAUSE OF by medical examiner) (Month) (Day) (Year y that (1) (4his haspite) last sow the decease and from the couses state URB ANTS Type) LVAN D. GO EMATION, 24B. DATE	CONTRIBUTING ATED TO THE IT. NOTION FOR W RFORMED 21B. hom etc.) (Hour) 21E. Whill Worl bil) oftended the sed alive on oted obove. (I)	PLACE OF INJURY (e.g. e, foim, foctory, street, INJURY OCCURRED Le At At Wo Le deceosed from (We) (did) (did not) M.D. A	20A. AUTOPSY? (Yes office bldg., INJURY OCCU.) 21 F. HOW DI. 19 6 o view the bady ofter de hys. 23D. ADDRESS D. Millian	oi No) 20B. IF YES, WER IN CERTIFYING COMPONENT OF THE PROPERTY OF THE PROPERT	RE FINDINGS CONSIDERED CAUSES OF DEATH? Those City, give exect locotion) 23B. DATE, SIGNED 23B. DATE, SIGNED (City, town, or county)	
OTHER SIGN TO THE	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION last. II NIFICANT CONDITIONS OF OPERATION 19B. CO WAS PE ENT WAS UNDERLYING SUTING CAUSE OF by medical examiner) (Month) (Day) (Year y that (1) (4his haspite) last sow the decease and from the couses state URB ANTS Type) LVAN D. GO EMATION, 24B. DATE	CONTRIBUTING ATED TO THE IT. NOTION FOR W RFORMED 21B. hom etc.) (Hour) 21E. Whill Worl bil) ottended the sed alive on otted obove. (I)	PLACE OF INJURY (e.g. foim, foctory, street, injury Occurred Ai wo le deceosed from M.D. A. M.D. M.D. M.D. M.D. M.D. M.D. M	in or about 21C, WHERE Coffice bldg., INJURY OCCU. 21F. HOW DI 21F.	OI NO) 20B. IF YES, WER IN CERTIFYING OF IN CERTIFYING OF INJURY OCCUR? 19 26 ta	RE FINDINGS CONSIDERED CAUSES OF DEATH? Those City, give exect locotion) 23B. DATE, SIGNED 23B. DATE, SIGNED (City, town, or county)	

FUNER ORECTOR ADDRESS

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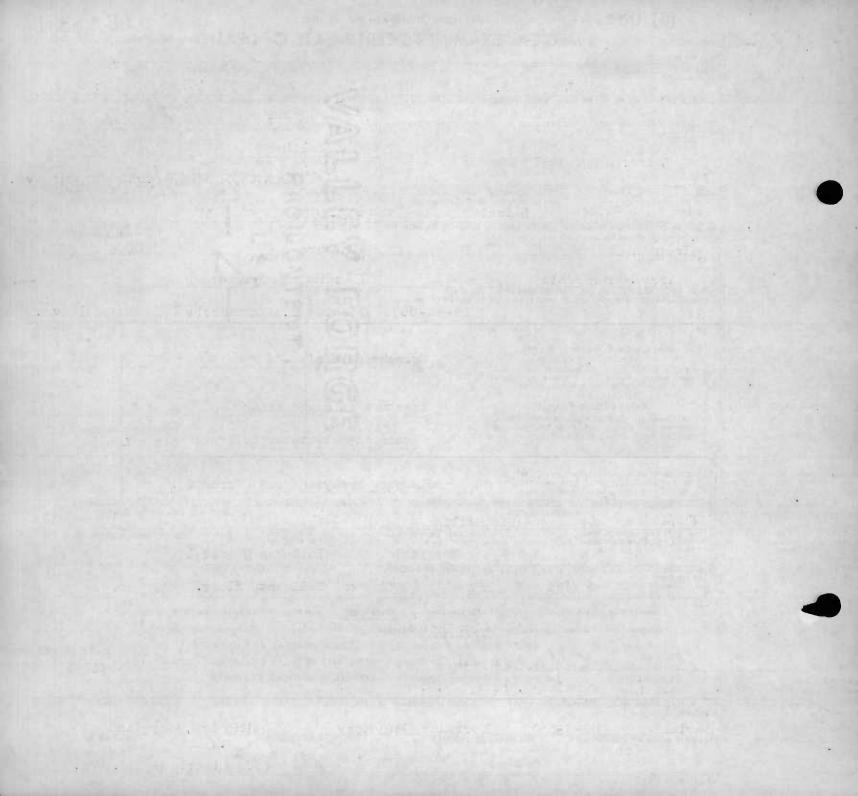
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randale landon

party the case .

- Lucy- Control Table 520 . - - - -

BIRT	TH NO.	MED	ICAL EX	AMINER'S CI	ERTIFICAT	E OF D	EATH Register	ed Na		001.
_	E CASE NO.					7				
1. I	NAME OF DEC	EASED					HOUR PRONOUNCE	D DEAD		
		CARL	J.		ERSLA	August	31, 1966		9:00	P
	L NAME OF	(IF NOT IN HOSPIT.			Mai	ryland	eceosed lived. If instit B. COUI		1000	10
HO	SPITAL OR	ADDRESS OR LOCA	TION)	, note, Give sixeer		1timore	corporate limits, write	RURAL on	d give town	ship)
	Lutl	neran Hospita	1		D. STREET ADDR		ive location)			
4	16				241	S. A. MANUEL A	Oxix xvenue	2028	Russe	11 Δ τ
5. 9	EX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		1 Yr. If Unc	
	ſale	White		DIVORCED (specify)			lost birthdoy)		Doys Hou	
12.				BUSINESS OR INDUSTRY	9-15-190		64	12. CITIZE	N OF	
		vorking lite, even if retired)					,		COUNTRY	?
13.	Firema	n E			Baltimor			USA	<u>. </u>	
	WAS DECEASE	Hammersla D EVER IN U.S. ARMED Allf yes, give wor or dote	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	Hambu	rger	ADDRESS		
	10	in yes, give wor or gote	.5 01 36141067	215-24-0682	Dorothy	B. Ham	mersla 202	28 Ru	ssell A	Ave.
	1B. F 9	03.741	990	CAUSE	OF DEATH				ONSET AN	
	DISEA	E OR CONDITION DI	RECTLY		L. jednien				OTTOLI AIT	D DLAIII
	(This does	LEADING TO DEATH		17/	opneumoni	а				
	heort foilure, injury or cor	ot meon the mode of osthenio, etc. It meons application which coused	the discose, deoth.)	DUE TO						
		NTECENDENT CAUSE		Fractu	re of Rig	ht Femur		500		
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO						
	UNDERLYIN	IG CONDITION LAST.	TATING THE	Carcin	oma=Metas	tatic to		termin	site r	10 L
O				(C)						***************************************
ERTIFICATION	TO THE	II VIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T		y Emphyse	ma and C	Cirrhosis.			
E		OPERATION 198, CON					08. IF YES, WERE FIN	DINGS CO	NCIDEDED	
S	2 8/16/	WAS PER	FORMED		Yes		CERTIFYING CAUS			Yes
A-L		CAUSE WAS		Nailing PLACE OF INJURY (e.g., i		HERE DID (If	in Boltimore City, aiv	e exact las	cotion)	163
	UNDERLYING	COR CONTRIB- SE OF DEATH.	home etc.)	, form, foctory, street, o	ffice bldg., INJURY	OCCUR?		11	- 11	
1	21 D TIME			Hospital		theran H		1 (0)	46	
	OF INJURY	(Month) (Doy) (Yeo								
		8 6 '66	P ". V	VHILE AT NOT NOT NOT W	ORK Fa	11 onto	Hoor.			
	22.	ify that I held an I	nquiry 🗌	Inspection Aut	apsy 🔀 and	that an this	basis, death in m	y apinion		
	resul	ted fram: Natural ca	uses A	coldent X Suicide	Hamlei	de 🗌 Un	determined manne	r 🗌		
		01			CHIEF MI	EDICAL EXA	MINER _		DATES	IGNED
	SIGNAT		ailes &	Turn M.D.	ASSISTANT MI	EDICAL EXA	MINER X		9/1/66	
	EXAMIN	FR'S		0	ASSOCIATE M		panag		9/1/00	,
23.A	NAME (7 F = 7		ty, M.D.	CREAM ATORY	23D. LO	CATION (City	town, or co	nunty)	(Stote)
REA	AOVAL (Specify		,							
	urial . DATE REC'D	BY HEALTH DEPT.		corraine Cem		AL DIRECTOR	timore, Ma		DDRESS	
		SEP 2 1966	Robert	5 E. Farberma	Ellsoni	th U460	O Liberty H	Hghts	Ave.	
VS	151-REV. 1/1/	65 N 8 21.	0 9	0001	080	5 1				



N. 142

MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered Na.
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BIRTH NO.	MED	ICAL EX	AMINER 5 C	EKTIFICAT	E OF	DEATH Registe	red Na		
M.E. CASE NO.									
Type or Print)			NODIEC			D HOUR PRONOUNC	ED DEAD	7 05	
2 Di A CE IN BALT	MARGO	ILEDE BOOMOU	NOBLES			st 27, 1966		7:05	A M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU		A. STATE Mar C. CITY OR TOW	yland	deceosed lived. If inst B. COL le corporate limits, write	J-C	14	
425 N.	Washington S	Street		D. STREET ADDRE		give locofon) ashington St	reet		
5. SEX Female	6. RACE White		NEVER MARRIED DIVORCED (specify)	6/7/41		9. AGE (In years lost birthday) 25		1 Yr. If Und	
	working life, even if retired)	Home	BUSINESS OR INDUSTR	Sweibro		Germany	12. CITIZ WHA	EN OF T COUNTRY?	
13. FATHER'S NAM	NE .			14. MOTHER'S MA	DEN NAM	E			
Unknown				Elsa E	bner				
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U.S. ARMED (If yes, give wor or dote	FORCES?	16. SO CIAL SECURITY NO.	Mr Linw	ood C	arroll Noble	address s,265		n Al
DISEASES OF THE UNDERLYIN	on the mode of osthenio, etc. It meons mplication which coused antecendent CAUSI OR CONDITIONS, IF A E ABOVE CAUSE (A) SNG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION [198.] CONWAS PER	CONTRIBUTING IT.			IYes or No)	208, IF YES, WERE FI		ATH?	
UNDERLYINGX UTING CAU 21 D TIME OF INJURY (APPROX.)		r) (Hour) 2	PLACE OF INJURY (e.g., form, foctory, street, HOME E. INJURY OCCURRED (HILE AT NOT AT W.	WHILE ST Shot	N. Was	off in Boltimore City, girth shington Structure?		Yes	
ACTUAL SIGNATI EXAMIN NAME (**) 23A. BURIAL CRE/ REMOVAL (Specify	URE JER'S Charle MATION, 23B. DATE 9/1/66	aclus J	M.D. NAME of CEMETERY OF National Co	Homicid CHIEF ME ASSISTANT ME ASSOCIATE ME CREMATORY	DICAL EXIDICAL EXIDIC	COCATION (City.	town, or o	DATE SI 3/27/66	
	SEP 2 1966	Reap	E Galley MA	Adolph		elstead 120		North	Ave

STATES OF THE PARTY OF THE PART

IMPORTANT

DIRECTOR:

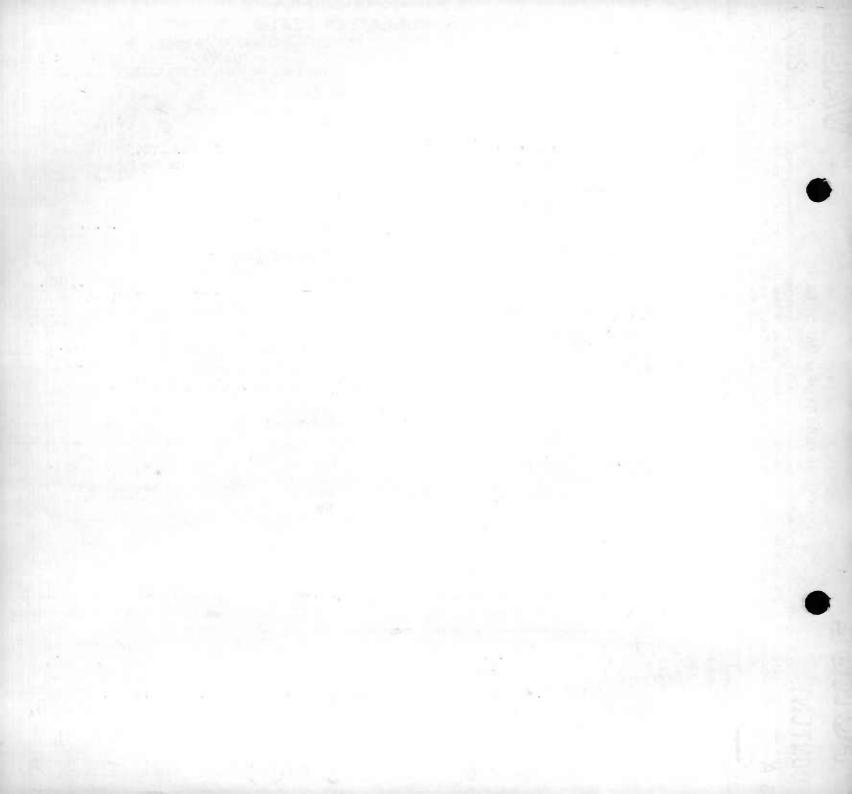
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 08853 CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Herbert Nathaniel Whittington August 24, 1966 L:40 P. M 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL INSTITUTION Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 21217 1105 Carson Court 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdoy) 7-30-66 Male Negro Newborn 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? U.S.A. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Irvin Whittington Shivers, Mary 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO Same Mother CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Uremia LEADING TO DEATH l dav (This does not mean the mode of dying, e.g., DUE TO heart failure, osthenio, etc. It means the disease, Peritonitis injury or complication which coused death.) 10 days ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving 25 days Polycystic Kidneys rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Kidneys Yes OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Hour) (Month) (Day) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROX.) Work At Work July 19 66 to August 24. 22. I certify that (1) (this hospital) attended the deceased from August 24, 66 19 that (1) (we) last saw the deceased alive on..... ond that in(my) (our) apinian death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [Stoff Med. Phys. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION 24B. 24C. NAME of CEMETERY of CREMATORY NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. 1966

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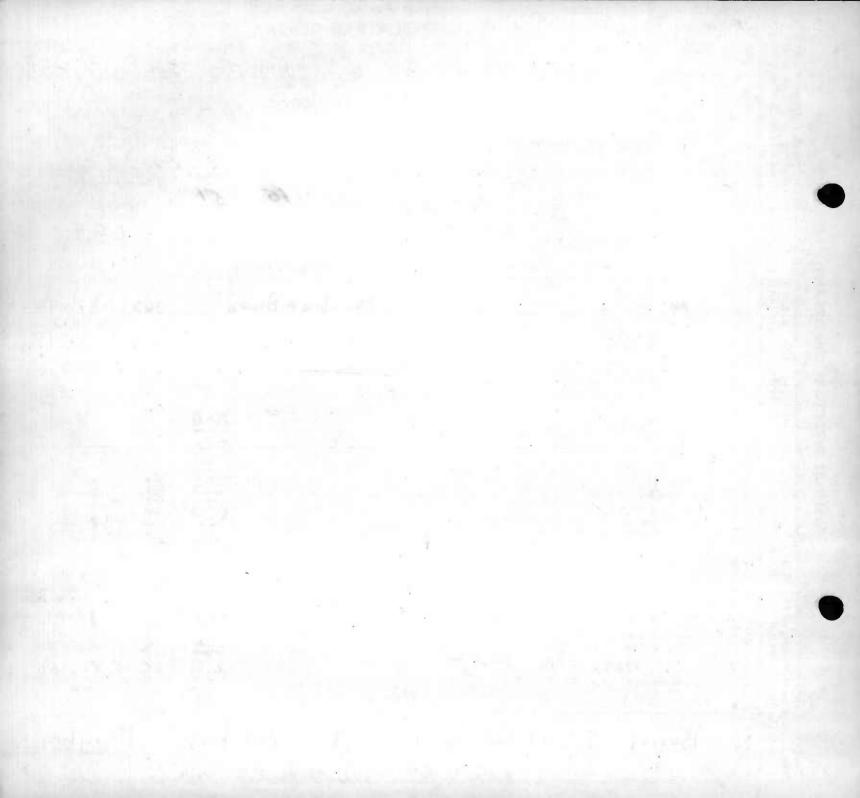
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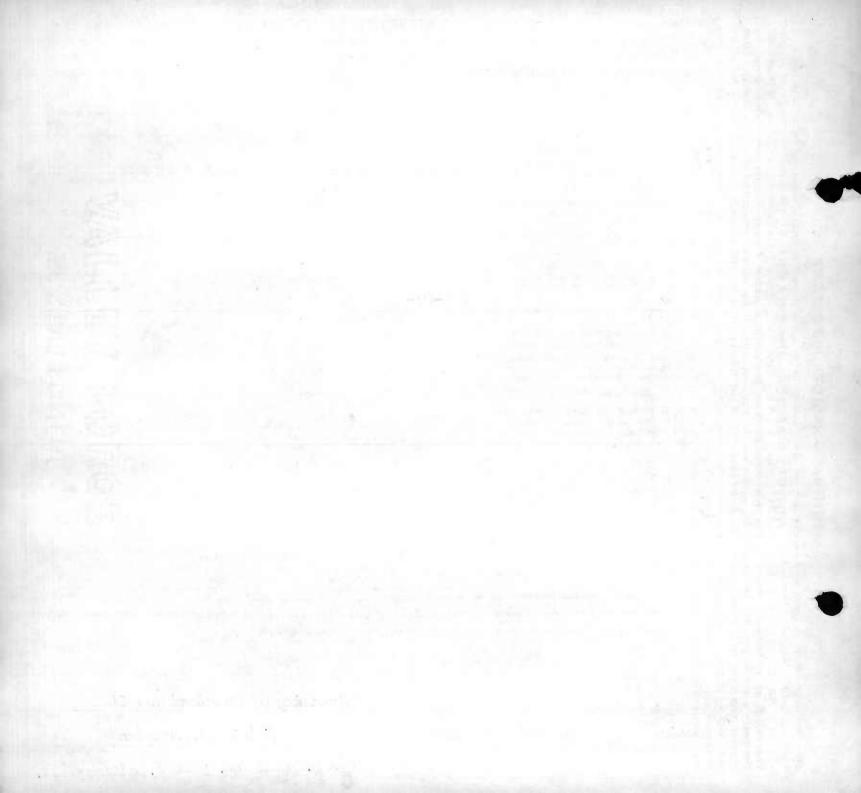


00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		66 08855
BIRTH NO. 66 U8855	CERTIFICA	TE OF DEATH	Registered No	00 00000
M.E. CASE NO.	CERTIFICA			
1. NAME OF DECEASED (Type or Print)	Ы	2. DATE AND	HOUR OF DEATH	(, (7) 200
Brown, James	Henry	4. USUAL RESIDENCE (Where	30, 1966	E: 20 Hm.
PLACE OF DEATH IN BALTIMORE/MARYLAND		A. STATE B. COUNT		ution: (esidence before admission)
FULL NAME OF (If not in hospital or institution, give	e street	Maryland.		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR DOWN (If outsi	de city limits, write RUR	Al and give township)
	+ 0	Baltimore	/	5-11
Franklin Square Hospi	ral	D. STREET ADDRESS (If ru	rol, give location)	
26		3631 1110	RACH AU	7
SEX 6. RACE 7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH 9.	AGE (In veors	f Under 1 Yr. , If Under 24 Hrs.
WIDOWED,	DIVORCED (specify)		st birthday) N	lonths Doys Hours Min.
Mari	ried	1/24/15	5.1	
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BI one during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE is or foreign	n country)	2. CITIZEN OF WHAT COUNTRY?
Driver		North CaRal	lina	11 (4
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	0 0.11
		4 :	1- 7- 1	to.
James Brown		Gertruc	de Dough	19
5. Was Deceased Ever in U. S. Armed Foices? Yes, no or unknown] (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
A		m 11 00		. () ()
	14 03 6882	Mrs. lelma C. Brow	on 30	02 1 Warbrish au
18. / 6 / X I	CAUSE OF	DEATH	0	ONSET AND-DEATH
DISEASE OR CONDITION DIRECTLY	+C	175 56150	& FULME DMPLICA	WARY LONG
LEADING TO DEATH	(A)			Town of Comments
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	1 1000	DMPLICA	7726-
injury ar camplication which caused death.)	01.		-+	e son.
ANTECEDENT CAUSES	(B) LOP	nocarcinom	a, stomac	h / TIC
DISEASES OR CONDITIONS, if any, giving	00 € 10	tovaroce		
ise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION last.				
	794			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH!
U 21A. ACCIDENT WAS UNDERLYING 21B, PL	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examine)	form, foctory, street, of	fice bidg., INJURY OCCUR?		
0				
U OF INJURY	NJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX.) While Work	At Work			
	6		11 111	10 11
22. I certify that (1) (this haspital) attended the		19. 7	06 to any	1. 30 1966.
that (I) (we) last saw the deceased alive an	mg. so	19 00 and that	in(my) (aur) apinYa	n death occurred on the dote
and hour and fram the causes stated obave. (1) ((We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE/)			23	B. DATE SIGNED
(Yang Bal 84a			toff	0. 12 20 11
000.97	Phys		hys.	aug. 30, 66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	M.D.			
	AE AL CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
REMOVAL (Specify)	0.	200		mil
Buriel 83-66 arb	4-145 Men		outus,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	1 DI	ADBRESS
JET & 1900 (1) Com &	Janka MA	maples 1	Q 1/1/071	Fermi Pila
VS 150-REV. 1/1/65		Y XXV O (ANY)	I Y GVV	WHILL FOR

BALTIMORE CITY HEALTH DEPARTMENT



CO HOOFO	BALTIMORE CITY	HEALTH DEPARTMENT		OG GODEO
BIRTH NO. 66 US856	CERTIFICA	TE OF DEATH	Registered No	66 08856
M.E. CASE NO.				
(Type or Print) Blackburn 4	Catherine	Ruth 18	EPt- 1966	7:00 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution	n, give street	Maryland		
HOSPITAL OR oddress or location) INSTITUTION	1	11 11 11		URAL and give township?
University of Md.	Hospital		yore	6-02
3	1100/01/01	D. STREET ADDRESS (III	In ord Av	/§
	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs.
Female White WIDOW	VED. DIVORCED (specify)	July 10 1918	lost birthday	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN OF
done during most of working life, even if retired)	aleswoman	Marylan	d	WHAT COUNTRY?
13. FATHERS NAME	(.)	14. MOTHERS MAIDEN NA	ME	
Norman toster	Wells	Etta Mi	as Watk	103
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
No	216-01-957	WELVIN B	lackburn	Same
18. def 10 X 1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P	HD = MS	2410	ONSET AND DEATH
(This does not mean the mode of dying, e.	g., DUE TO	υ φ υ νου	7 7 5	
heart failure, asthenia, etc. It means the diseo injury at camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, givi	DUE TO			
rise to the above cause (A) stoting t		10000000000000000000000000000000000000	*******************	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
200 Hug. 1966 Valve re	placement	JEC.		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PIB. PLACE OF INJURY (e.g., in nome, larm, lactory, street, a etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)
OF INITION	TE INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
E (A PREOV)	While At Not While Work At Work	е		
22. I certify that (I) (this haspital) attended		August	1966 to 1	SEDTEMBERO 66
that (I) (we) lost sow the deceased alive of	1 Septembe	19 6 and th	at in(my) (out) enin	ion death occurred on the date
and hour and from the couses stated above.			// (ser/ apin	veconed on the gole
23A. SIGNATURE	((((((((((((((((((((The body offer deorn.		23B. DATE SIGNED
Che a mana a	M.D. Atte	ending Med.	Stoff Phys.	1 Sspt. 1066
23C. PHYSICIAN'S NAME (Type)	. 4/	23D. ADDRESS	· 117 30 🗀	10000
NAME (Type)	M.D.	University	Manuford 1	la spital
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRI	University of	OCATION (City	y, town, or county) (State)
REMOVAL (Specily)	boodlawn (emete			
		25C. FUNERAL DIRECTOR	R THE	yland ADDRESS Baltimore St.
SEP 2 1966 Pole	of REGISTRAR	John A. Moran	Inc. 3000 8	- Baltimana St
VS 150-PEV 1/1/65	0000	1 0 0 11 1	7	, mulliple st



HOTI		66 088	57			FATLL			66 0885
	H NO.	00 000	01	CERTIFI	CATE OF D	PEATH	Registered I	Na	- 3 00001
I.N	CASE NO. AME OF DECEA e or Print)	BAER	MAR	1E 70	HANNA	2. DATE A	ND HOUR OF DEA	тн	4
. P	LACE OF DEATH	I IN BALTIMORE, MA	/	Q		SIDENCE (Wh	ere deceased lived.	16 institutio	n: residence before admi
					A. STATE	A O M			
H	ULL NAME OF	(If not in hospital oddress or location		ve street	C. CITY OR T		LAND utside city limits, w	TA GATE	and give towashid
	NOITUTION				P 1		ORE	IIIe KONAL	and give township
14	-4-				D. STREET AD		rural, give location		
1	nion	Memorio	I Ho	Sb.	411	OM	ARX A	UE.	
. SI	EX 6.	RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BI		9. AGE (In years	If U	nder 1 Yr If Under 2
	F	W.	WIDOWED,	DIVORCED (specif		1901	lost birthday)	Mont	hs Doys Hours A
ØÀ.	USUAL OCCUPA	ATION (Give kind of wo	rk 10B, KIND OF	BUSINESS OR INDI		1891 □ E (State or for	eign country)	112. 0	CITIZEN OF
		king life, even if retired)					,	1	WHAT COUNTRY?
	houseu					many			U. J.
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5. V Yes.	Vas Deceased Ev	rer in U. S. Armed Fo	orces? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMAN	IT	====		ADDRESS
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	18.	Y I		CAU	SE OF DEATH	200 280	or a strato in	CLA ALV	INTERVAL BETWEEN
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			a life disease,				/		
	injury or compli	calion which cause	d death.)	10	rale are 1	1/10	2-101-00	0.0	
		calion which cause		(BLO)	rohary	athero	scherosi	27	
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ATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEA	CONDITIONS, if above couse (A) CONDITION last.	S any, giving sloting the CONTRIBUTING ATED TO THE	(c)	Diobets	athero rell	scherosi Vifus	27	
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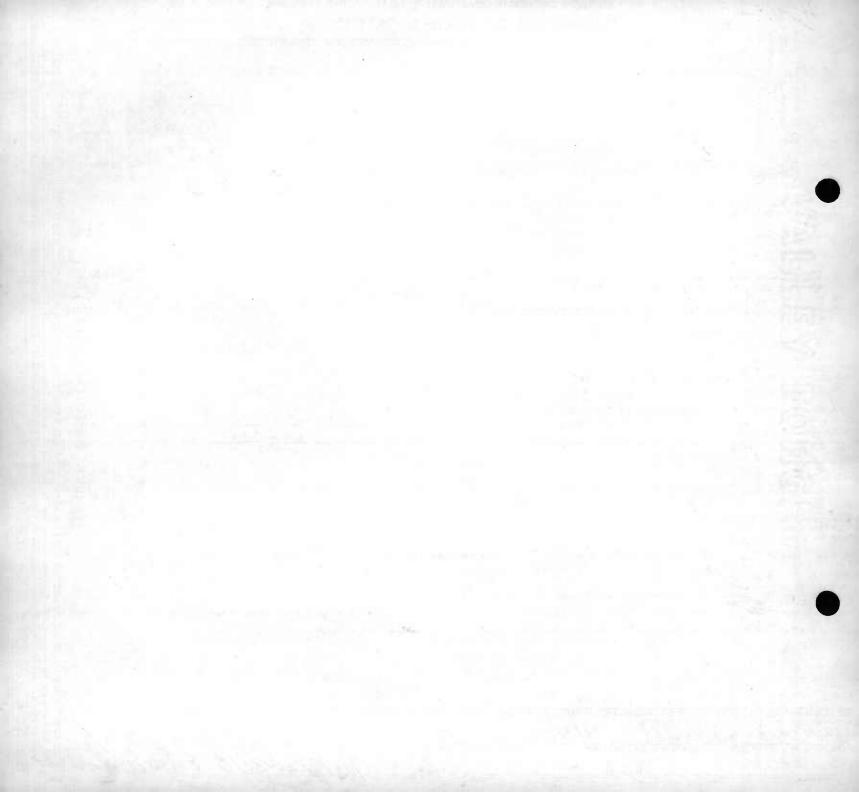
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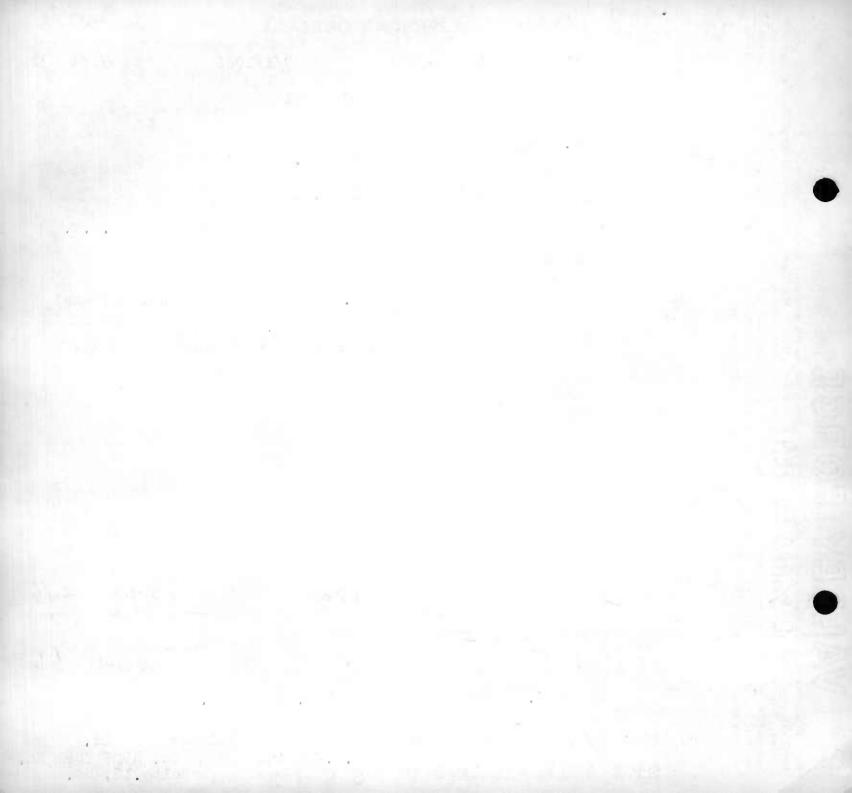
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV.



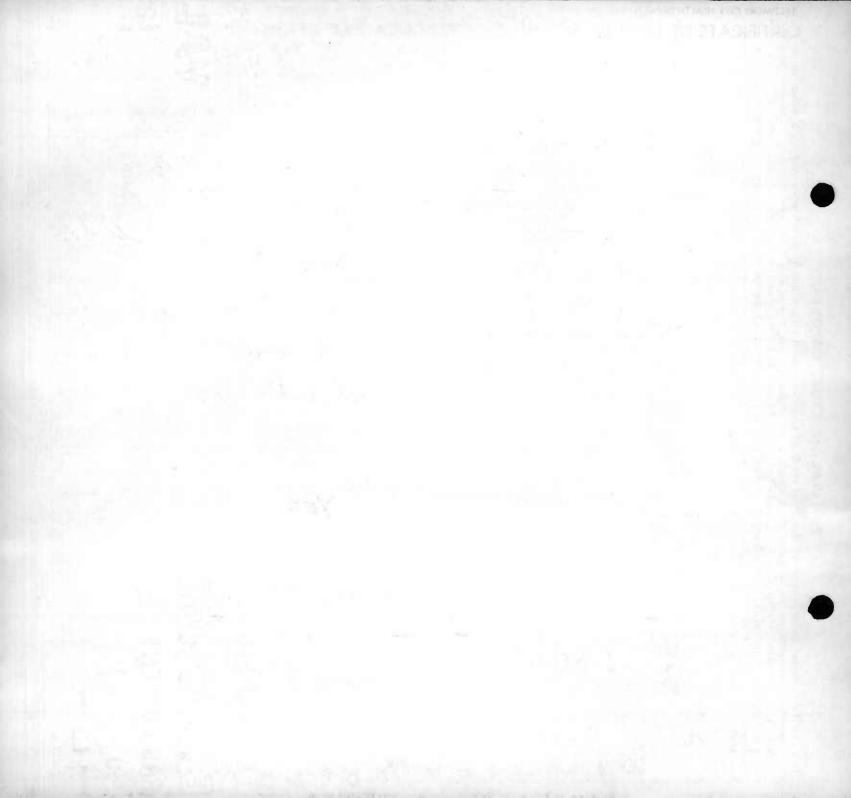
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	BALTIMORE CITY HEAT
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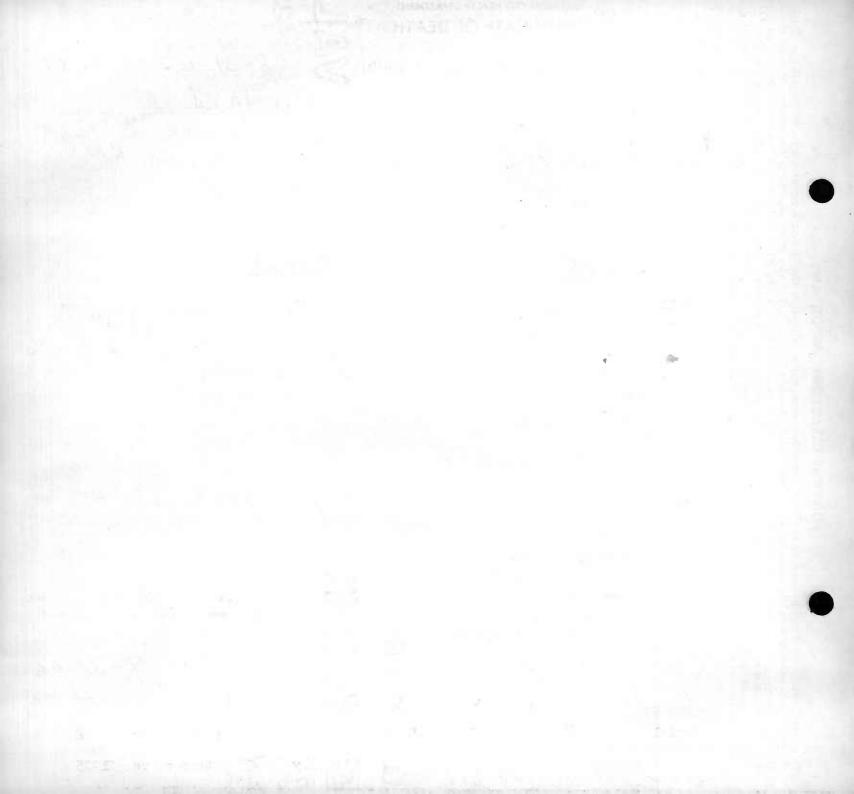
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M.E. CASE NO.	IFICATE OF D		
1. NAME OF DECEASED WILSON, JOSEPH	JA	2. DAJE AND HOUR OF DEA	11:55 A
PLACE OF DEATH IN BALTIMORE, MARYLAND		DENCE (Where deceased lived. B. COUNTY	If institution: residence before admiss
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION Lutherun forfulat		BALTIMORE	ite RURAL and give township)
SEX / 6. RACE 7, MARRIED, NEVER MARR	IED 8. DATE OF BIR	TH 9. AGE (In years	HUE.
male negro widower, never make		lost birthday)	If Under 1 Yr. If Under 24 Months Days Haurs Mi
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR lone during most of working file) every if retired	INDUSTRY 11. BIRTHPLACE	25-1891	12. CITIZEN OF WHAT COUNTRY?
5. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY	14. MOTHER'S	MAIDEN NAME	ADDRESS
18.	CAUSE OF DEATH	e Wilson	INTERVAL BETWEEN
9 7 / /			ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g., D	UE TO SPORK	2 Cornel	8/30/66
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	1011	1 8 460.00	0/21//
vise to the above couse (A) stoting the UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERA. WAS PERFORMED	TION 20A. AUTOP	SY? (Yes or No.) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN.	TURY (e.g., in ar about 21C. W	YHERE DID (If in Bolti	mare City, give exoct tacation)
21D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCI OF INJURY (APPROX.) White At Wark	Not While At Work	OW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the deceased that (1) (2) lost sow the deceased alive on 8/3/	19.66		opinian deoth occurred on the
and haur ond from the causes stoted obave. (1) (414) (did) (view the body o	fter deoth.	23B, DATE SIGNED
I. R. Sdie	M.D. Attending A	Med. Staff Director Phys.	8.31.66
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS M.D.		1 - 40 -
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET		24D. LOCATION	(City, town, or county) (Sta
Burel 9-3-66 Mt Cah	ay Cont	Beroke	on mel
SEP 2 1966 The SEP 2 1966	25C. FUNER	AL DIRECTOR	ADDRESS



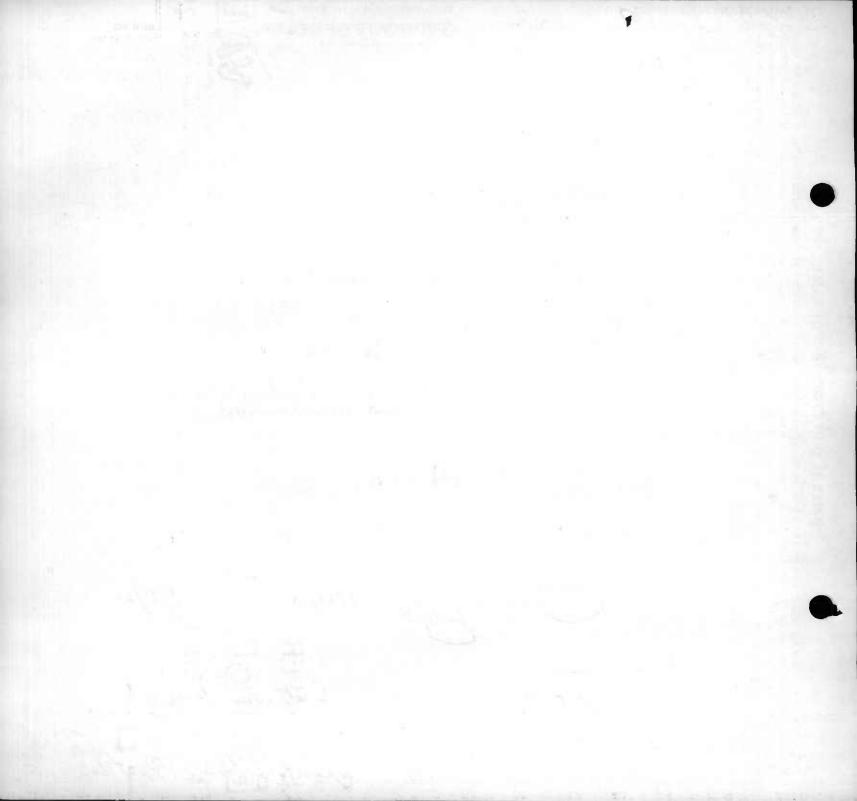
FUNERAL DIRECTOR: IMPORTANT

66 06664	BALTIMORE CITY	HEALTH DEPARTMENT	1/	
BIRTH NO. 66 08861 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	66-08861
T. NAME OF DECEASED (Type or Print)	1217	2. DATE AN	D HOUR OF DEATH	31 - 0
PLACE OF DEATH IN BALTIMORE, MARYLAND	Tebstoc	4. USUAL RESIDENCE (When		ution: residence before admission
THE NAME OF THE OWNER,		A. STATE B. COUN	Tand 1	2-A - 52-00
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	i, give street	C. CITY ON TOWN (If Qui	side city limits, write RUR	(AL ond give township)
42		Bal	timore	#2/225.
South Boltimane C	ENENAL HOS	D. STREET ADDRESS OF	give focotion)	RI
SEX 6. RACE 7. MARRIE WIDOW	D, NEVER MARRIED PED, DIVORCED (specily)		P. AGE (In years In the state of the state o	f Under 1 Yr. If Under 24 Hr. Aonths: Doys Hours: Min.
11. White 1	Mannied	8-2-1926	40	Tollins Doys Hours Willia
6A, USUAL OCCUPATION (Give kind of work 108, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY?
C	lerk.	m	ary land	
3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE U	
5, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Saran 17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.			
WW 11	CAUSE OF	Family FORATH		Seme
DISEASE OR CONDITION DIRECTLY	CAUSE OF	l Ma		ONSET AND DEATH
LEADING TO DEATH	(A) Clas	A Musoca	ardraf	5 hours
(This daes not mean the made of dying, e. heart failure, asthenia, etc. It means the diseas		0-11	1 /= 174 >	
injury ar camplication which caused death.)		ingai		
ANTECEDENT CAUSES	DUE TO	······································	3x 3 fm an vvoa an an n ana a aa a aa aa aa ah aa aa aa aa aa aa aa aa aa	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				
UNDERLYING CONDITION last.	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12				
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED		No.	IN CERTIFYING CAUSE	
OR CONTRIBUTING CAUSE OF h	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)	fice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY	1E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
≥ (APPROV)	While At Not While At Work			
22. I certify that (7)(this hospital) attended		8-31	9 66 to 2	9-3/ 1966
that (last sow the deceased alive ar	8-21			n death occurred on the do
ond hour and from the couses stated above.	(I) (We) (did) (did not) v			
23A. SIGNATURE			23	B. DATE SIGNED
I clement to your	M.D. Atte	nding Med. Director	Stoff Phys.	8-31-66.
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	^	1/
COLEN C. HE	NRITZM.D.	South 7	SALTU. G	EN. HOSP.
REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
Burial 9/6/66	Balto Nat'l Cen	В	altimore	Co Md
	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 2 1966 (R. O.)	By E. Farber MA	McCully FH 2	37 Patapsco A	ve 21 225
VS 150-REV. 1/1/65	0 0 0	0 6 6 6		



FUNERAL DIRECTOR:

> 00 00000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000
IRTH NO. 1 66 08862	CERTIFICA	TE OF DEATH	Registered Na.	66 08862
A.E. CASE NO. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Print) of enver Rruhing		1/3	1/64	1115 1
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived, If inst	itution: residence before admissio
		A, STATE B. COUNT		
FULL NAME OF (If not in haspital or institu	tian, give street			
HOSPITAL OR oddress or location)		C. CITY OF TOWN (If outs	de city limits, write RU	JRAL and give township)
Latheran Hos	: 2 +1	Baltinov	e, md	
Lowner 1105	pilal	D. STREET ADDRESS (If ru	ral, give location)	11-15
16		1501 - Dut	celand St'	16-01
SEX 6. RACE 7, MAR	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. , If Under 24 H
male White WID	OWED, DIVORCED (pecify)	4/29/96	st bighdoy	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF
A, USUAL OCCUPATION (Give kind of work 10B, KIN no during most of workings-life, eyen if retired)	ID OF BUSINESS OR INDUSTRY	11. BIKINGLACE (Store of foreig	n country)	WHAT COUNTRY?
- Fret		11/10		USA
FATHER'S'NAME		14. MOTHER'S MAIDEN NAM	EA	2
Marin -Par	*	mi.	Kolook	Vac
Merge Dum	M	/may	unere	ces
Was Deceased Ever in U.S. Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
Mo Wo	218-01-291	& Hans	Kann	1
100		8 1/00/	peco.	
1B. 600.0 I	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/	1		
LEADING TO DEATH		lvenia		
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis				
injury or complication which coused death.)	C P	10 /	1 1.	
ANTECEDENT CAUSES	(B) Ch:	one l'helone	phillis	
DISEASES OR CONDITIONS, if ony,	DUE TO	1 Arteriolovenhi	oshlerser	
rise to the above cause (A) stating			or Cropping	
UNDERLYING CONDITION lost.		100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
OTHER SIGNIFICANT CONDITIONS CONTRIB				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	O THE WASCUI)		
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, form, factory, street, a	fice bldg., INJURY OCCUR?	ar ar politimore	eng, give experioeditalis
DEATH (natify medical examiner)	etc.)			
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY				
(ADDROV)	While At Not Whil			
(APPROX)	While At Not While Work At Work	e 🖳	2/	. / / /
(APPROX.) 22. I certify that (I) (this hospital) atten-	Work At Work	e 🖳	10 8/3	>1/46 19
22. I certify that (I) (this hospital) atten-	ded the deceased fram	° [] /27/66 11	03/	27/46 19
22. I certify that (I) this hospital attention (I) (we) lost saw the decoased alive	work At Work	19 and tho	03/	ion death accurred an the a
22. I certify that (I) this hospital attention (I) (we) lost saw the decreased alive and hour and from the couses stated abo	work At Work	19 and tho	tin(my) (aur) apin	
22. I certify that (I) this hospital attention (I) (we) lost saw the decoased alive	work At Work	19 and the riew the bady after death.	tin(my) (aur) apin	ion death accurred an the d
22. I certify that (I) this hospital attention (I) (we) lost saw the deceased alive and hour and from the couses stated abo	work At Work ded the deceased fram an	19 and the view the bady after death.	tin(my) (aur) apin	ion death accurred an the d
22. I certify that (I) this hospital attention (I) (we) lost saw the deceased alive and hour and from the couses stated about 23A. SIGNATURE	work At Work ded the deceased fram o an ve. (I) (We) (did (did not) ve. M.D. Att. Phy	19 and the view the bady after death.	tin(my) (aur) apin	
22. I certify that (I) this hospital attention (I) (we) lost saw the deceased alive and hour and from the couses stated abo	work At Work ded the deceased fram an ve. (I) (We) (did (did not) ve. Att. Phy	19 and the view the bady after death.	tin(my) (aur) apin	
22. I certify that (I) this hospital attention (I) (we) lost saw the decreased alive and hour and from the couses stated about 23A. SIGNATURE	work At Work ded the deceased fram o an ve. (I) (We) (did (did not) ve. M.D. Att. Phy	19 and the view the bady after death.	tin(my) (aur) apin	
22. I certify that (I) this hospital attention (I) (we) lost saw the decased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, [248. DATE [28]]	work At Work ded the deceased fram ve. (I) (We) (didd (did not) ve. Att. Phy M.D. Att.	e	tin(my) (aur) apin	23B, DATE SIGNED
22. I certify that (I) this hospital attention (I) (we) lost saw the decreased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	work At Work ded the deceased fram ve. (I) (We) (didd (did not) v M.D. Att. Phy M.D.	19 and the riew the bady after death. and the bady after death. birector are bady after death.	in (my) (aur) apin in off whys. Hospital	23B. DATE SIGNED
22. I certify that (I) this hospital attention (I) (we) lost saw the decased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24B. DATE 24B. DATE 24B. DATE 24B. DATE 24B. DATE	work ded the deceased fram ve. (I) (We) (didd (did not) ve. M.D. Att. Phy M.D. 4C. NAME of GEMETERY or CR	e 19 19 19 19 19 19 19 1	in (my) (aur) apin in off whys. Hospital	23B. DATE SIGNED A T, town, or county) (State L T T T T T T T T T T T T
22. I certify that (I) this hospital attention (I) (we) lost saw the decased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE REC'D BY HEALTH DEPT. 25B. NAME (Type)	work ded the deceased fram ve. (I) (We) (didd (did not) ve. M.D. Att. Phy M.D. 4C. NAME of GEMETERY or CR	19 and the riew the bady after death. and the bady after death. birector are bady after death.	in (my) (aur) apin in off whys. Hospital	23B, DATE SIGNED
22. I certify that (I) this hospital attention (I) (we) lost saw the decased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) AA. BURIAL CREMATION, 24B. DATE 24B. DATE	work ded the deceased fram ve. (I) (We) (didd (did not) ve. M.D. Att. Phy M.D. 4C. NAME of GEMETERY or CR	e 19 19 19 19 19 19 19 1	in (my) (aur) apin in off whys. Hospital	23B. DATE SIGNED A T, town, or county) (State L, MAX
22. I certify that (I) this hospital attended that (I) (we) lost saw the decased alive and hour and from the couses stated about 23A. SIGNATURE/ 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Sperty) 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME (Type)	work ded the deceased fram ve. (I) (We) (didd (did not) ve. M.D. Att. Phy M.D. 4C. NAME of GEMETERY or CR	e 19 19 19 19 19 19 19 1	in (my) (aur) apin in off whys. Hospital	23B. DATE SIGNED A T, town, or county) (State L, MAX



DIRECTOR:

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HAVE C. STOREY

CHARLES F BRADFORD IR "

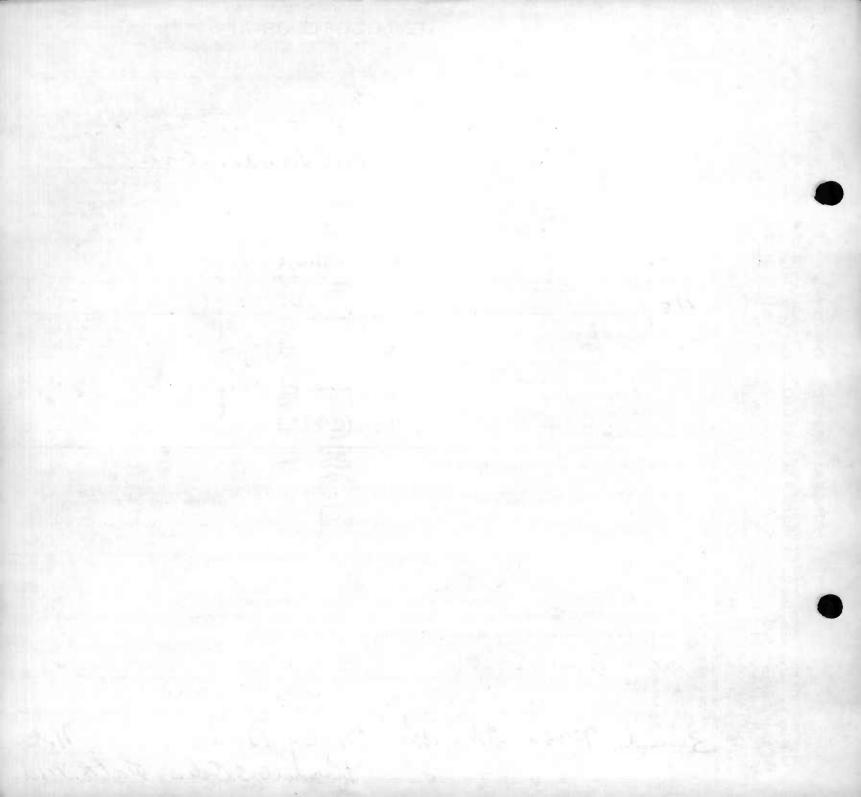
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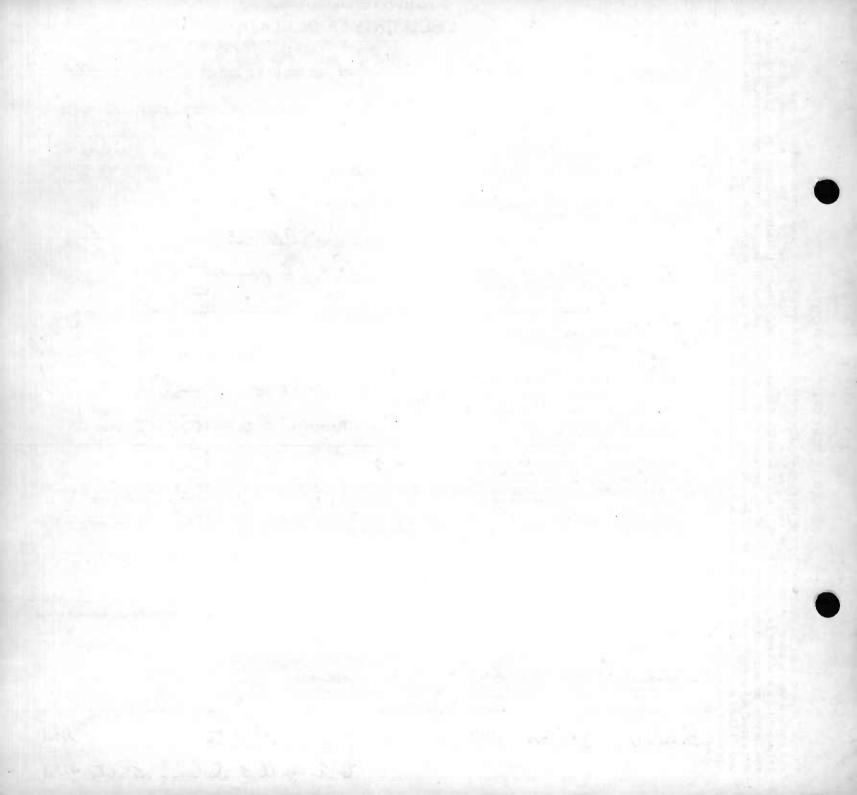
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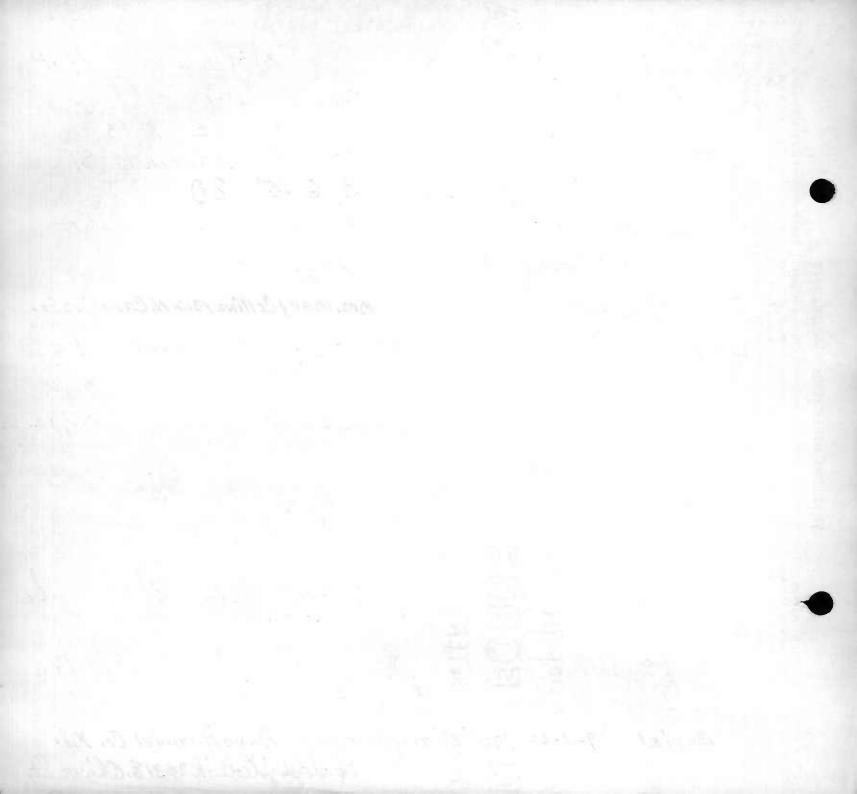
00 00004	BALTIMORE CITY	HEALTH DEPARTMENT		66 08864
BIRTH NO. 66 08864 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	00 00004
1. NAME OF DECEASED	1 V	2. DATE A	ND HOUR OF DEATH	
101001111111111111111111111111111111111		X	29/66	13:00 L W
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COU		ution: residence before admission
FULL NAME OF (If not in hospital or instit	ution, give street	ma		
INSTITUTION		C. CITY OR TOWN (II o	utside city limits, write RUR	AL and give township)
UNIVERSITY	Hoth	D. STREET ADDRESS (I	rurol, give location)	9 01
28		14/4	Som ave	
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH		f Under 1 Yr., If Under 24 Hr.
W N WIE	OOWED, DIVORCED Ispecify)	3-11-10	lost birthdoys M	onths Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B. KII		11. BIRTHPLACE (State or for	eign country)	2. CITIZEN OF WHAT COUNTRY?
FURK LIFT OPERATOR N	BC CINES	N.C.		USA
3. FATHER'S NAME		14. MOTHERS MAIDEN NA	AME	
WILLIE AME		FRONIE	PAVIS	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	,,	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	HAZEL	Amr	1714 LINDEN A
//0			AMRY	
18. 4 4 5 X I	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	1:1	261911		n who.
(This does not mean the made of dying,	e.g., DUE TO		2-0-0-0-0	
heart foilure, osthenia, etc. It means the di- injury or complication which caused death.)			1	
ANTECEDENT CAUSES	(B) //	BLIGNANT H	1 / 1.6 1.7 1.2 1.7 W	3 mr22/n.
DISEASES OR CONDITIONS, if any,	aivina			•9
uise to the above cause (A) stating	the (C) 1/2	VAKUSCLR RG	\$ 15	· · · · · · · · · · · · · · · · · · ·
			*	
OTHER SIGNIFICANT CONDITIONS CONTRIE			A STATE OF THE STA	
TO THE DEATH BUT NOT RELATED T	O THE		· .	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or N	O 20B. IF YES, WERE FINI	DINGS CONSIDERED
<u>~</u>	210 01 4 07 07	7 12		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(It in Boltimore Ci	ily, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S OF INJURY	While At Not While			
	Work At Work	3/ 00 10		- LM - 10 (1)
22. I certify that (I) (this hospital) often	***************************************		.17	
that (I) (we) lost sow the deceased olive				n deoth occurred on the do
and hour and fram the couses stated abo	ove. (I) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE		adian real and		B. DATE SIGNED
Muchon the S.	M.D. Atte	ending Med. Director	Stoff Phys.	1/2-1/11
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	1000	
MICHAGE IL.	S(RADE M.D.	(HINEIS	ITY BORY.	
	24C. NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (City,	town, or county) (Stote)
2.12: 9-46	Ala Vier	Comstan 1	Justine	21 1
234. DATE REC'S BY HEALTH DEPTS 25B. N.	AME OF REGISTRAR	250. PUNERAL DIRECTO	R	ADDRESS
SET 2 1966 P.C	ent E. Jarbar MA	4 100	x 10.1	Balt mi
VS 150-REV. 1/1/6S	3 5 0 0 m	The same of	D. Cran	rano. 1a



BALTIMORE CITY HEALTH DEPARTMENT



	00 000	0.0	BALTIMORE CITY	HEALTH DEPARTMEN		66 08866
BIRTH NO.	66 088	66	CERTIFICA	TE OF DEAT	H Registered No.	00 00000
M.E. CASE NO.	CEASED			2. DA1	E AND HOUR OF DEATH	
Type or Print)	Agnes Be	ertha	Krause	Au	gust 30, 1966	
PLACE OF DE	ATH IN BALTIMORE, MAR			4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admissio
FULL NAME O	OF (If not in hospital a	or institution, g	ve street	Maryland	Baltimore	Balto
INSTITUTION					_	RURAL and give township)
	Hood Nursing			Catonsvil	(If rural, give location)	55-99
91	5313 Edmonds					0.0
10	Baltimore, M.		212 2 9	23 Cedarw		28
Female	6. RACE White		NEVER MA. (D) DIVORCED (specify) Jed	5/11/1883	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
	UPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	working lile, even if retired)			Maryland 14. MOTHER'S MAIDEN	NAME	WHAT COUNTRY!
James	U. Mason			Kathe	rine McCul	Ly
5. Was Deceased	Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	n) (If yes, give war or dates	or service/	SECURITY NO.	Mna Charle	Day	dm
	None		CAUSE O	Mrs. Charles	nau same ad	dress as above
18.4.2	6()		CAUSE O	DEATH ,)	1	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRI	ECTLY	(i	el rul A	emostra	N 3 day
(This does	not mean the mode of	dvina ea	(A) DUE TO	470 011		3 ((2))
heart failure,	asthenio, etc. It meons	the disease,	202.10	L	1	
injury or cor	mplication which caused	death.)	C-1	1250sel	RATE CV	D years
	ANTECEDENT CAUSES		DUE TO			
	OR CONDITIONS, if a					
	e obove cause (A) G CONDITION lost.	stating the	(C)	**************************************	000101000000111011111111111111111111111	
ONDERENIN						
E TO THE D	III DEFICIANT CONDITIONS CONDITIONS CONDITIONS CANDITIONS CANDILLONG TO THE CONDITIONS OF THE CONDITIONS OF THE CONDITIONS CANDILLONG TO THE CONDITIONS OF T	TED TO THE				
U 19A. DATE OF	F OPERATION 198 CONE		HICH OPERATION	20A. AUTOPSY? (Yes	ar No) 20B. IF YES WEDE	FINDINGS CONSIDERED
	WAS PERF	ORMED			IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A, ACCIDE	NT WAS UNDERLYING	21 R	PLACE OF INJURY (e.g., in	or about 21C. WHERE D	ID (If in Boltimo	re City, give exact location)
OR CONTRIB	UTING CAUSE OF	home	e, form, factory, street, af	fice bldg., INJURY OCCU	R?	
U .	y medical examiner)	etc.)		TO YOUR A		
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		DINJURY OCCUR?	
(APPROX)		Whil	e At Work			
	that (I) (this hospital)			your	1946 to Cir	7
that (I) (we) lost sow the deceased	d olive on	Ching 3	0/ 1966 01	nd that in (my) (our) op	inion death occurred on the d
and hour an	d fram the couses state	ed above. (I)	(We) (did) (did not) v	iew the bady after de	oth.	
23A. SIGNAT		1				23B. DATE SIGNED
	(ha	111	M.D. Atte	nding Med.	Stoff	8/3.//,
220 811101-1	4/0/	5-0-1	Phy	Director	Phy s.	0/31/66
23C.PHYSFCF	Type) J. C	. Po	UND M.D.	3325 7	Fredere	ch are
	EMATION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 2	D. LOCATION	City, town, or county) (State)
REMOVAL	(Specify)					
Burial	9/2/196	_	oudon Park Ce		Baltimore, Ma	ryland
SA. DATE REC'E		25B. NAME O	FREGISTRAR	25C. FUNERAL DIRE	CTOR	Butto, miles
S	EP 2 1966 (La See 15 2	- Taybourna	Wmsh. 741	mustono i	with of a ave
/S 150-REV. 1/1/	/65		-	* 1		



DIRECTOR:

FUNERAL

VS 150-REV. 1/245

BALTIMORE CITY HEALTH DEPARTMENT

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If Under 24 Hrs.

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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

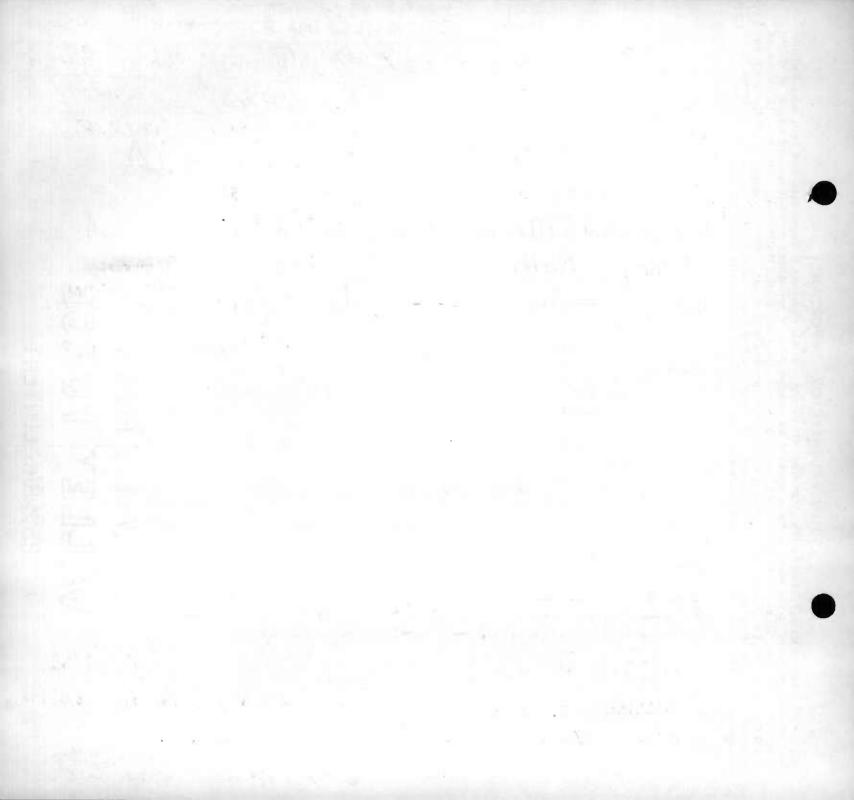
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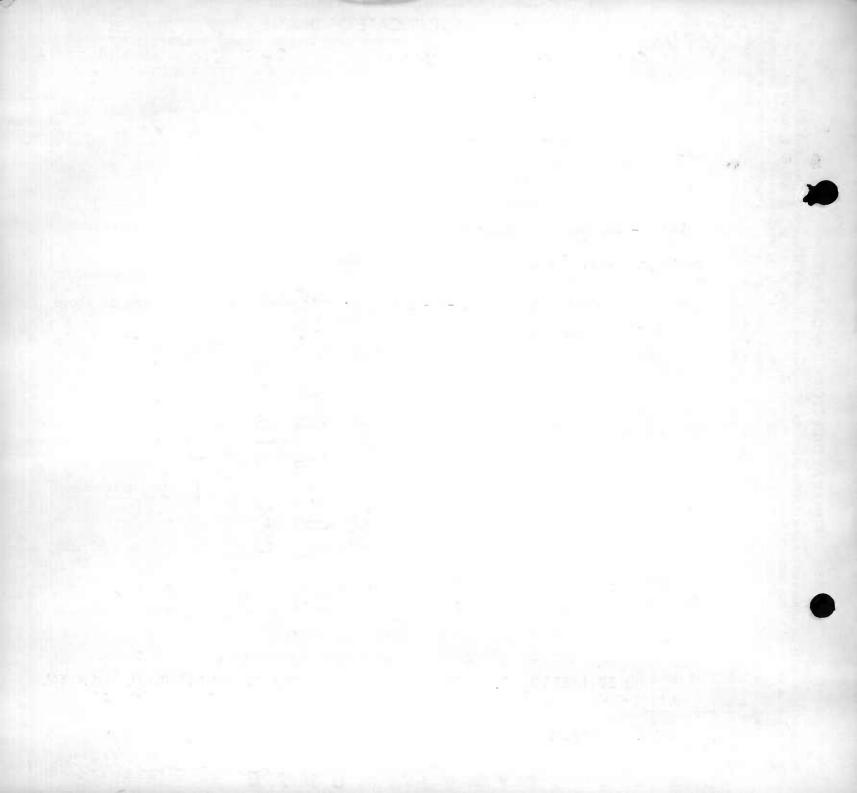
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



BALTIMORE CIT	Y HEALTH DEPARTMENT	66 08872
CERTIFICA	TE OF DEATH Registered No.	00 00072
CONTH TERMA		1 9:55 A
01400	0 70	
	A. STATE B. COUNTY	
tion, give street		
ni tal	DAHIMORE, MARYland 3	11210
P2 000	The street about 50 to	27-1
OWED: DIVORCED (specify)	lost birthdov)	Months Doys Hours M
D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
phagag	Ballings mal.	American
Dacco	14. MOTHER'S MAIDEN NAME	(1.1 JOH ONTO
rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	Mr. Neal Linstrom same add	ress as shove
	OF DEATH	INTERVAL BETWEEN
	7	ONSET AND DEATH
S	ureshalita	
e.g., DUE TO		
eose,		N. (11191)
(B)		
	The state of the s	
UTING BAD A	atriceron and be leve	
0	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE I	INDINGS CONSIDERED
ract		
home, form, foctory, street,		City, give exact location)
etc.)		
21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	0-5-11	- 30 10 6
8-20	1	- 30 19 6
on	19 6G ond that in(my) (aur) opl	nion death occurred an the
ve. (1) (We) (did) (did not)	view the body ofter death.	
201.		238. DATE SIGNED
M.D. AI	tending Med. Staff	8-20-66
	In-a	
	THE ONTON MEMOR	
1	-11.01	Mospath
4C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (C)	ty, town, or county) (Sta
Baltimore Cem	etery Baltimore. Ma	rvland
ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	1 / ADDRESS /
A & Stabute	W/m 1 Zicha I Sono	with the
	The state of the s	
	CERTIFICA CONTH JEEMA Tion, give sheet Dital RIED NEVER MARRIED OWED DIVORCED (specify) D OF BUSINESS OR INDUSTR Dbacco (A) Classe (C) Control Con	CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 3. OATE OF BURN DITAL DIN



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ŀ		AAE	

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered Na.
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BIRTH NO.	WED	ICAL EX	KAMINER'S	CERTIFICAT	E OF DE	ATH Registe	red Na	
M.E CASE NO.								
1. NAME OF DEC	JOSEPH	R.	FRYE			29, 1966	ED DEAD 5:24	Α.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE			itution: residence before	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Ma Ma	aryland			
HOSPITAL OR	ADDRESS OR LOCA	ATION)				orporote limits, write	RURAL ond give town	ship)
	20 7 E. Presto	n Ctros			altimore		1-01	
0.0	zo, h. Heste	n stree	: L	D. STREET ADDRI		eston Stre		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under 1 Yı, If Und	der 24 Hus
Male	White	3.0	DIVORCED(specify)	June 6,	1937	lost birthdnvi	Months Doys Hou	
	JPATION (Give kind of wor						12. CITIZEN OF	1
done during most of w Barten	vorking life, even if retired)	111		Avon	dale No	rth Caroli	WHAT COUNTRY	?
3. FATHER'S NAM	IE .			14. MOTHER'S MA	IDEN NAME	1 on Garott	.ua	
Carl	P.	Frye, S	r.	Eula	Simmo	ns		
	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		Rte	ADDRESS	
				Mr. Carl	P. Frye	. Sr. Rale	eigh, North	Carol
18.	7-2 Y			SE OF DEATH			INTERVAL	BETWEEN
DISEAS	E OR CONDITION DI	RECTLY		Multiple sta		s of right	ONSET AN	DEATH
	LEADING TO DEATH		(A)	upper extrem	nity			
heart failure,	ot meon the mode of osthenio, etc. It meons application which caused	the diseose,	DUE TO					
4 - 3 - 3 - 1					12			
	NTECENDENT CAUSE OR CONDITIONS, IF A		(B)	· · · · · · · · · · · · · · · · · · ·		***************************************	***************************************	
RISE TO THE	E ABOVE CAUSE (A) S'	TATING THE	502 10					
Z			(C)		***************************************			
A CAMED SICK	II	CONTRIBUTE	10					
TO THE	DEATH BUT NOT RE	LATED TO T	HE				5 (1)	
part	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 120B	L IF YES. WERE FIN	NDINGS CONSIDERED	
ठ	WAS PER	FORMED		Yes	IN	CERTIFYING CAUS	ES OF DEATH?	
21 A. EXTERNAL UNDERLYING	CAUSE WAS	21B.	PLACE OF INJURY (e.	a, in or obout 21 C. WI	HERE DID (If in	n Boltimore City, giv	ve exoct location)	
UTING CAU	SE OF DEATH.	etc.)	home home			ston Stree	et	
Z ZID TIME	(Month) (Doy) (Yeo	i) (Hour) 2	TE. INJURY OCCURRE		W DID INJURY			
(APPROX.) 8-	-28 or 29, 66	?	WHILE AT NO	T WHILE X Sta	abbed sel	.f		
22.					.11		CHI.O. III	
	ify that I held an I				47.75	asis, death in m		
result	ted fram: Natural ca	oses A	Accident Suic	ide Homicid	Selegape .	etermined manne	er []	
ACTUAL		1)	Litte 4	ASSISTANT ME	DICAL EXAM	(T)	DATE SI	GNED
EXAMIN NAME (T	ER'S Charles	S. Spr	ingate, M.D.	ASSOCIATE ME	DICAL EXAM	AINER _	August 29,	1966
BEMOVAL (Specify		23	C. NAME OF CEMETER	or CREMATORY	23D. LOC	ATION (City,	town, or county)	(State)
Remova	1	266	Montlawn Co	amo to see	D. 3	ad all M		
24A. DATE REC'D			OF REGISTRAR	24C. FUNERAL	L DIRECTOR	eign, Nor	th Carolina	/
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-	E. CASE NO.								
	pe or Print)				2. DA	TE AND	HOUR PRONO	UNCED DEAD	
'	V	VILLIAM Dan:	iel	DAY	A	ugust	30, 19	66	4:00 P
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	Where de	ceased lived.	f in stitution: resi	idence before odmission)
						arv1a		COUNTY	
HC	SPITAL OR	ADDRESS OR LOCA	TION)	THON, GIVE STREET	C. CITY OR TOWN (If			write RURAL o	and give township)
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		0011 11-11 0			D. STREET ADDRESS (I	altin		1	
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-	SEX	6. RACE	7 44 4 88155	NIEVER AAARRIED	B. DATE OF BIRTH	OIL		quare Ea	
Ш			WIDOWED,	NEVER MARRIED DIVORCED (specify)			9. AGE (In y lost birthday)	Months	r 1 Yr. If Under 24 Hrs. Days Hours Min.
	Male	White		rried	May 21, 1898	8	68		
			10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign	country)	12. CITIZ	
aan	Denti	working life, even if retired)	1 P		New York	City	New Y		AT COUNTRY?
13.	FATHER'S NAM	NE TE			14. MOTHER'S MAIDEN		, 110W I	OIR	
	Wi 7	liam F.	Dove		W		0		
15		LLAM F		16. SOCIAL	Mary 17. INFORMANT	A	. Sw	i.ck ADDRES	•
(Ye	, na ar unknawn	(If yes, give war at date:	s of service)	SECURITY NO.	17. INFORMANT			ADDRES	•
	Yes	World War	·I	213-38-7859	Mrs. Wilma F	R. Da	v same	address	as abo ve
	1B.	1		CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEA	/ /							ONSET AND DEATH
	DISEA	SE OR CONDITION DIF LEADING TO DEATH	RECTLY	Artori	ocoloratio Co	rdia		Discours	
	(This daes	not mean the made of	dying, e.g.,	DUE TO	osclerotic Ca	raro	ascurar	Disease	
	injury or cor	asthenia, etc. It means	deoth.)						
		INTECENDENT CAUSE		(B)				i	
	RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	ATING THE	DUE TO					
_	UNDERLYIN	NG CONDITION LAST.		(C)					
CERTIFICATION				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					***************************************
¥	OTHER SIGI	II NIFICANT CONDITIONS	CONTRIBUTION	IG.					
은	TO THE	DEATH BUT NOT REL	ATED TO T						
		OPERATION 198, CON		VUICH OBERATION	DOA AUTOBOV2 /V	NI - 1 IDO	D 15 VFC 1415	or ciribinios o	ONGREE
	ITA, DATE OF	WAS PERF		WHICH OPERATION	20A. AUTOPSY? (Yes o			CAUSES OF DE	
بِـ	OLA EVERNIA	L CAUSE WAS			Yes				
₫	UNDERLYING	OR CONTRIB-	hame,	PLACE OF INJURY (e.g., i form, factory, street, a	ffice bldg., INJURY OCCU	DID (III	in Baltimare Ci	ty, give exact l	acotian)
EDIC	UTING LCAU	SE OF DEATH.	etc.)						
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	resul	ted from: Natural eas	ses X A	ccident Spicide	Hamicide	Un	determined m	anner 🗌	
		-1/-			CHIEF MEDICA				
	ACTUAL		SIST	(1) (/					DATE SIGNED
	SIGNAT		1000	May M.D.	ASSISTANT MEDICA	L EXA	MINER X		
	EXAMIN	ER'S		. /	ASSOCIATE MEDICA	AL EXA	MINER		0.10 = 1.00
	NAME (, ,		enecker '					8/31/66
	MOVAL (Specify		230	C. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION	(City, town, or	county) (State)
	Buri	- 1 1- 1	66	Druid Ridge	Comotor	Date	o mani 22	M.a	
24/		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRE	ECTOR	esville		ADDRESS
			000	0 T. 1 40	7.1 1 7	- 1		13	utte. Ind.
		SEP 2 1966	Colecto	E, Johnson	Wm. 1	upm	mot &	on mo	to APa
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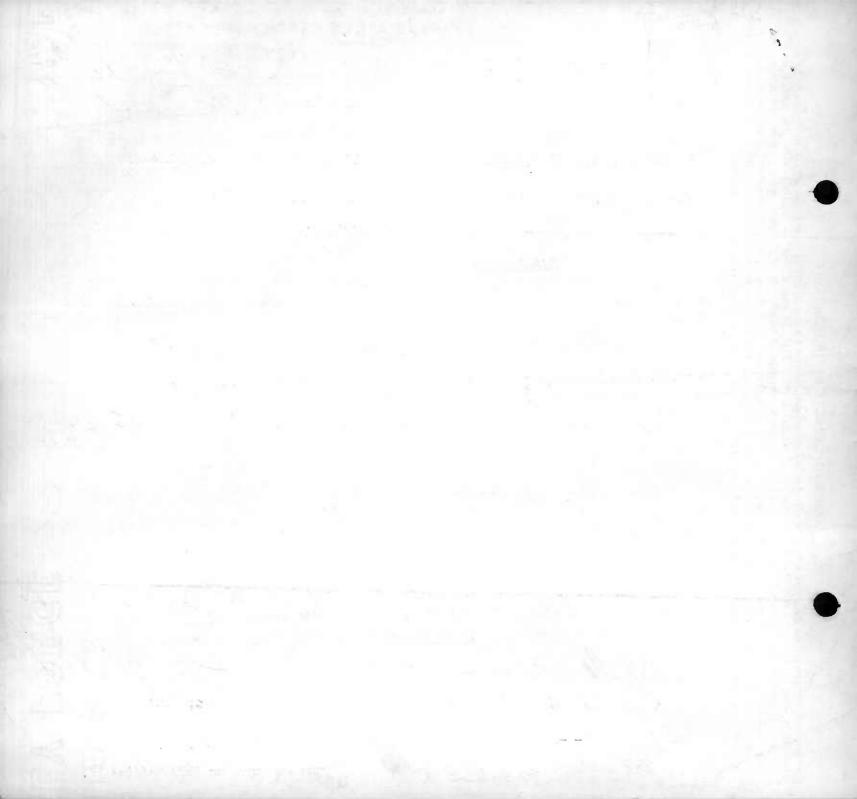
death.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)

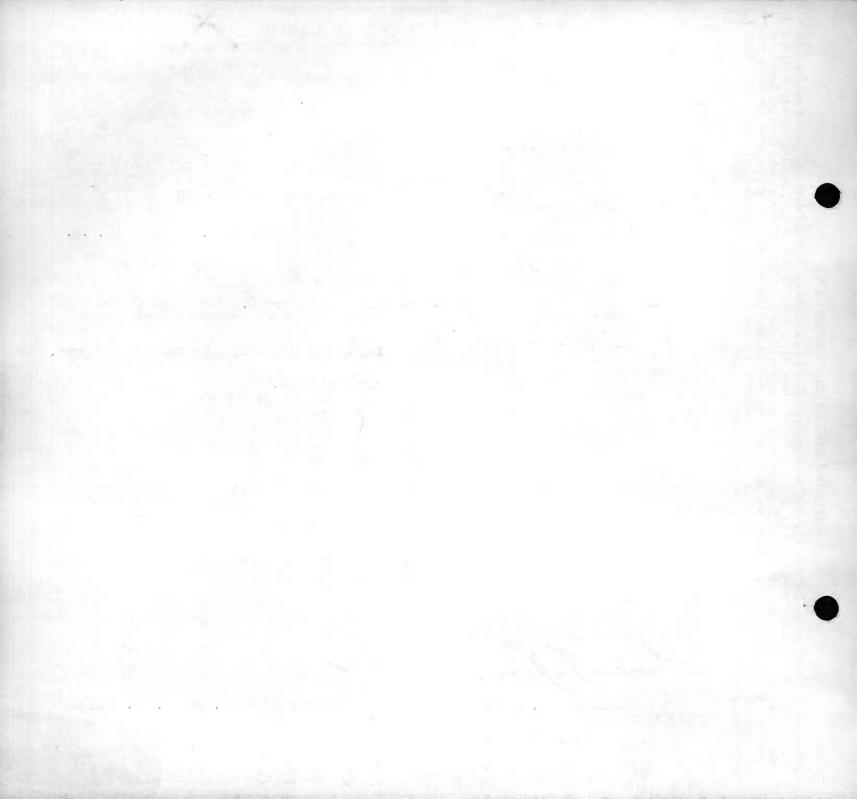
Burial 9-6-66 Most Holy Redeemer (em Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

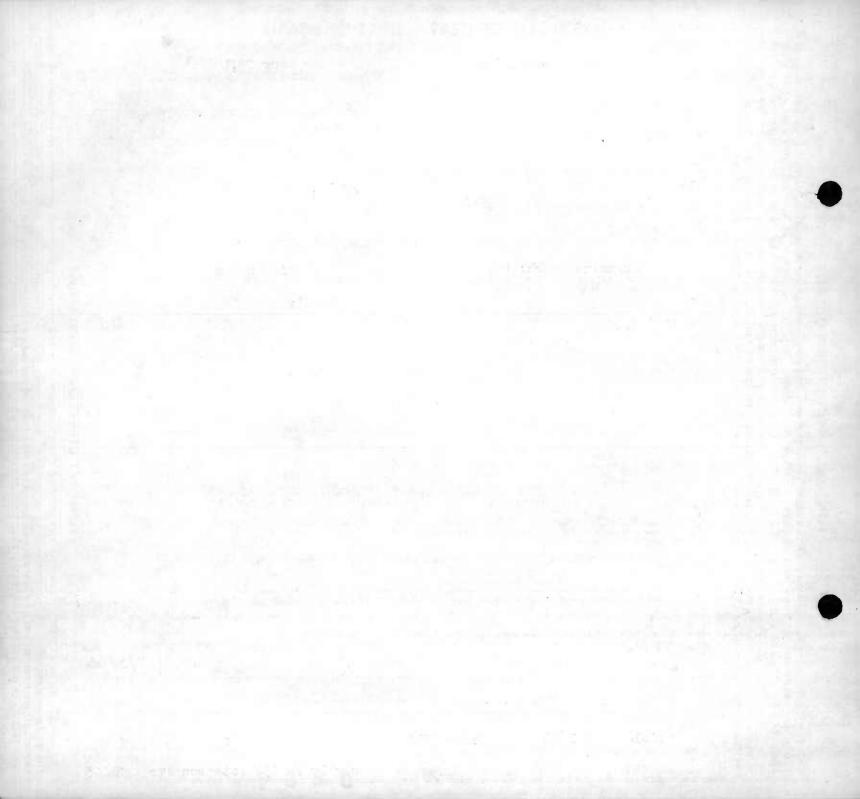
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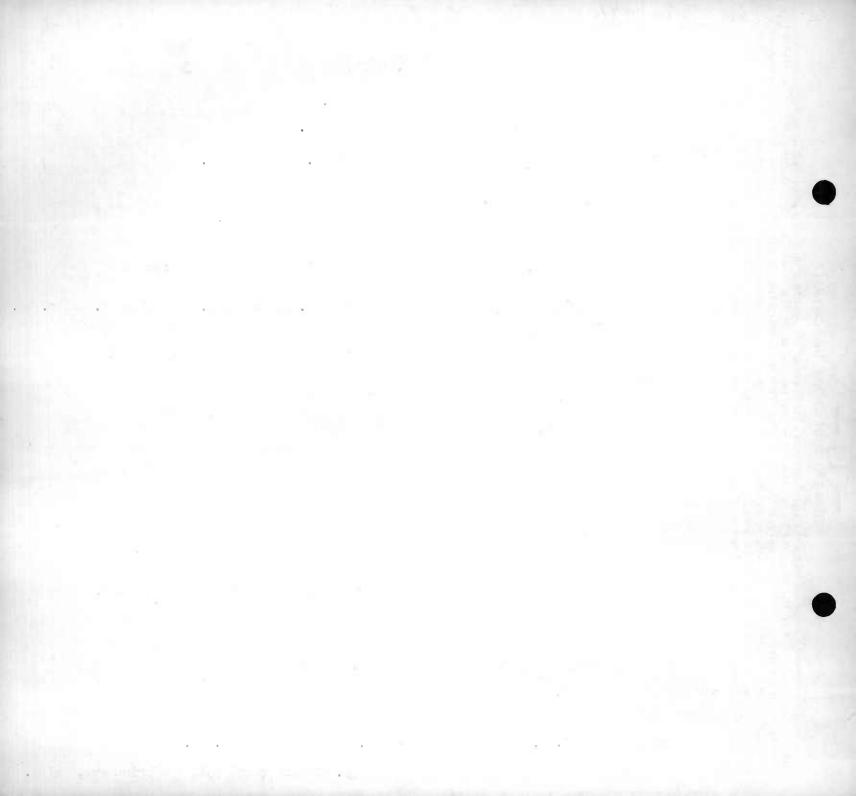


w	5 5 1 1 No 20 / /	BALTIMORE CI	TY HEALTH DEPARTMENT	The state of the s	DO HODDING
IRTH NO.	66 08877	CERTIFIC	ATE OF DEATH	egistered No	66 08877
A.E. CASE NO.	ASED		2. DATE AND HO	OUR OF DEATH	
ype or Print)	Mary H	lack		- 1966	
PLACE OF DEAT	H IN BALTIMORE, MARYL		4, USUAL RESIDENCE (Where dec-		on: residence before odmiss
			A. STATE B. COUNTY		Malla
FULL NAME OF	(If not in hospital or i	nstitution, give streel			Date
INSTITUTION				ity limits, write RURAL	L ond give township)
		dens Nursing Home	Baltimore,		55-00
an	4700 Har:	ford Road	D. STREET ADDRESS (If rurol,	give location)	07700
10			1262 Chapel Road		21128
SEX 6	RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AG	E (In years If L	Jnder 1 Yr. If Under 24 hths: Doys Hours: Mi
emale	White	Widowed	2- 3- 1876	90	
		B. KIND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (State or foreign con	untry) 12.	CITIZEN OF WHAT COUNTRY?
Housew	rking life, even if retired)	Housewife	Philadelphia Per		U.S.A.
FATHER'S NAME		TOUSEWILE	14. MOTHER'S MAIDEN NAME	IIIe.	0,00,220
				Mary Staff	Fond
	Frank Cr	0		mary budil	
es, no or unknown)	ver in U. S. Armed Forces If yes, give wor or dotes o	f service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		159- 09- 2	2380 Mr Robert C.	Black 4262 (Chapel Road
18. 4 5	0 01	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION DIREC	TLY			ONSET AND DEATH
L	EADING TO DEATH	(A)	Advanced arterio	sclerosis	10 yrs.
AN	icolion which coused de NTECEDENT CAUSES CONDITIONS, if ony	(8)	generalized.		
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rise to the UNDERLYING	obove couse (A) sign CONDITION lost.	oling the (C)			
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	66 08878	0	TY HEALTH DEPARTMENT		66 08878
M.E. CASE NO.		CERTIFIC	ATE OF DEATH		
Type of Print)				ND HOUR OF DEATH	Н
PLACE OF D	Leland M Hot			29,1966	institution: residence before admiss
			A. STATE B. COU	NTY	manifolion, leardence belote bullias
FULL NAME		or institution, give street	C. CITY OR TOWN (If o	ustalda elka kimika uulka	RURAL and give township)
INSTITUTION			Brooklyn	outside city limits, write	25-04
So Balt	to Gen. Hosp		D. STREET ADDRESS (f rural, give tocation)	20-01
43			213 Pontiac	Ave	
Male Male	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Months: Doys Hours Min
		Mama	Apr 16,1882		
	CUPATION (Give kind of work of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Ind Che			New York		USA
FATHER'S NA	AME		New York	AME	
	Augustus Hous	phtling	Jennie	Morgan	
. Was Decease	ed Ever in U. S. Armed Ford	es? 16. SOCIAL	17. INFORMANT	-or gan	ADDRESS
No No	vn) (If yes, give wor or dotes	s of service) SECURITY NO.	Femily		Same
18. // -		CALLSE	OF DEATH		INTERVAL BETWEEN
40	CO. O I				ONSET AND DEATH
DISE	ASE OR CONDITION DIR LEADING TO DEATH	ECILY	tani . 1 1.	-1 7/0.	L
(This does	nat mean the mode of	dying, e.g., DUE TO	of the process	ace yeu	/U
heart failure	e, asthenia, etc. It means	the disease,	teriosch		
injury ar co	amplication which caused	death.)			
	ANTECEDENT CAUSES	(B)			***************************************
DISEASES	OR CONDITIONS, if o				
	he abave cause (A)	stoting the (C)			
ONDERLIN					
Z OTHER SIGN	II NIFICANT CONDITIONS CO	ONTRIBITING			
TO THE	DEATH BUT NOT RELA	TED TO THE			CHARLES TO SERVICE
19A. DATE	R CONDITION CAUSING IT OF OPERATION 1198. CONE	T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 208, IF YES WEBE	FINDINGS CONSIDERED
19A. DATE C	WAS PERF	ORMED	79191317173		AUSES OF DEATH?
	ENT WAS UNDERLYING DE CAUSE OF	218. PLACE OF INJURY (e.g	., in or about 21 C. WHERE DID	(If in Boltime	ore City, give exact tocotion)
OR CONTRIL	BUTING CAUSE OF	home, farm, factory, street,	office bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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OF INJURY	(Month) (Doy) (Year)		21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)		While At Not W			
22. I certif	v that (1) (this hospital)	attended the deceased from	Du = 10	19 1/4 10	une 29 19 6
	e) last saw the decease	11- 07	0 11.	//	pinian death accurred an the
			/		ominin again accurred an the
13		ed-abave. (1) (We) (did) (did nat) view the bady after death	•	loop Bare election
23A. SIGNAT	ORE I	Ky line	Monding (=	S40#	23 B. DATE SIGNED
yan	Tue &	M.D.	Attending Med. Phys. Director	Stoff Phys.	9/1/66
23C. PHYSICI NAME	IAN'S (Type)		23D. ADDRESS		
	Samuel Rubin	, M.D. M.	D. 203 Pataps	co Avenue	
A. BURIAL CR	REMATION, 248. DATE	24C. NAME of CEMETERY or	CREMATORY 24D.	LOCATION (City, town, or county) (Stat
REMOVAL		Cadam Wana			
	7/2/00	Cedar Hill		AA Co	Md
O DATE KEC.	O DI REALIN DEFI.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
***	SEP 6 1966	I Day I've Statistics	McGully FH 23	7 Patapsco	Ave 21.225
'S 150-REV. 1/1	/65	h.	9 9 9	•	



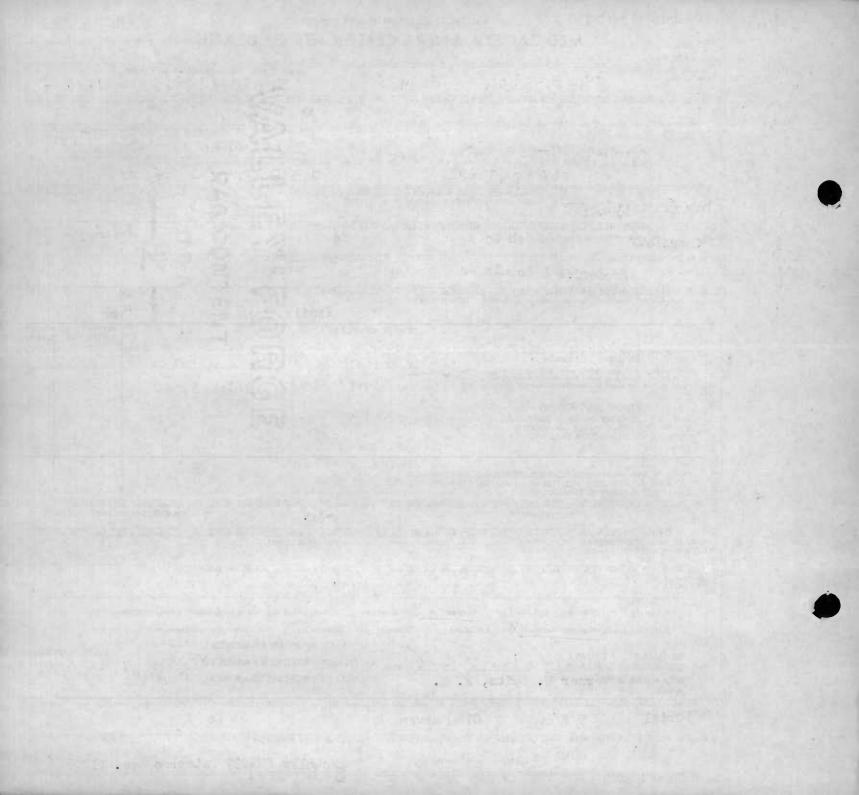


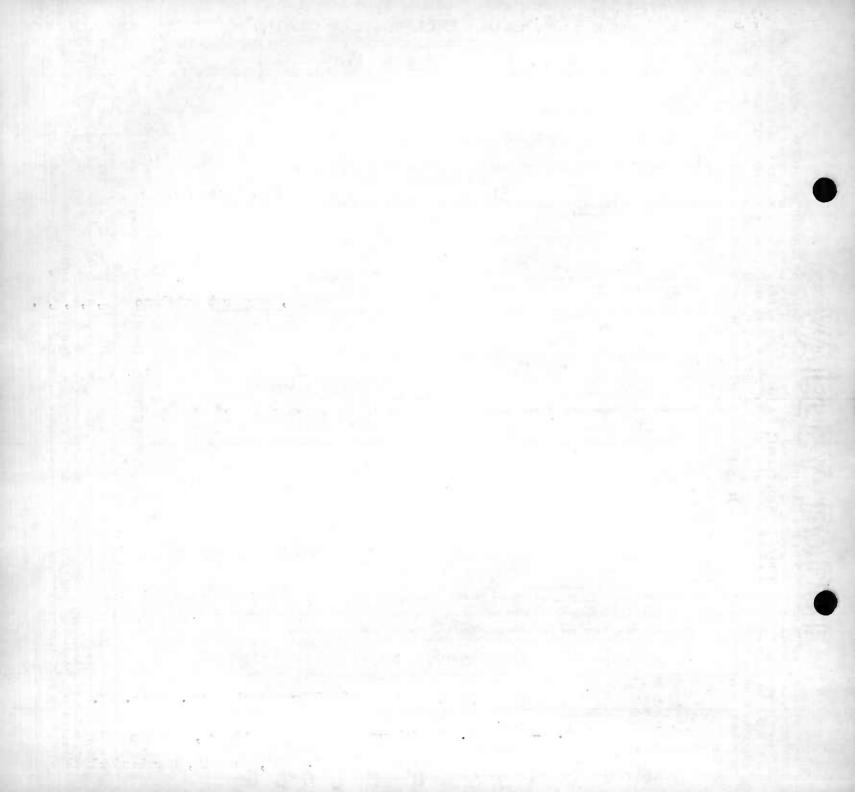
Correction form from Funeral director, 9/7/66

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dysis love committee LENG-money ... milling

BIRTH NO.	WEDI	CALEX	CAMINER'S CI	ERTIFICA	IF OF D	EAIH Registe	red No.			
M.E. CASE NO.							Carried Malace			
1. NAME OF DEC		Rick	Loomi:	5	Sep	HOUR PRONOUNCE	6 1:12 A			
3. PLACE IN BALT	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY B. COUNTY								
FULL NAME OF HOSPITAL OR INSTITUTION	HOSPITAL OR ADDRESS OR LOCATION)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
43	outh Balto	more 28 mit	Jeneral	D. STREET ADD	RESS (If rurol,	give location) TOL	Ave			
5. SEX Male	6. RACE White	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In yeors lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
done Chauffe	youlung life, even if retired)	Cap Co	BUSINESS OR INDUSTRY	Md Md	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAM	Frederick L	Loomis	Sr	14. MOTHER'S M	Anna					
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	1000		ADDRESS			
				Fen	ily		Same			
18.	1		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH			
O DISEASES OF TO THE DISEASE O	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST. II WIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON	NY, GIVING ATING THE CONTRIBUTING ATED TO TIT.	(B) DUE TO (C)	20A. AUTOPSY			NDINGS CONSIDERED			
O Z1A, EXTERNAL	WAS PERF		BLACE OF INITIBY	No	,	N CERTIFYING CAUS				
O UNDERLYING CAU	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	ffice bldg., INJUR	OCCUR?	in solitimore City, giv	ve exoct tocotions			
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeori	V	VHILE AT. NOT YORK AT W	WHILE	OW DID INJUI	Y OCCUR?				
ACTUAL SIGNATI EXAMIN	ER'S Werner U	nquiry [Inspection Aut	opsy on Homic	de Un EDICAL EXA EDICAL EXA	MINER 🗵				
23A. BURIAL CREATER PORT CONTRACTOR CONTRACT	MATION, 23B. DATE	23	C. NAME of CEMETERY of Glen Haven	CREMATORY	23 D. LO	CATION (City,	town, or county) (State)			
24A. DATE REC'D	BY HEALTH DEPT. EP 6 1966 (24B, NAME	OF REGISTRAR		AL DIRECTOR	200 20 1	ADDRESS			
V\$ 151-REV. 1/1/6	45	1 9	5 5 5	McG	TIN FH	237 Patapsc	o Ave. 21225			





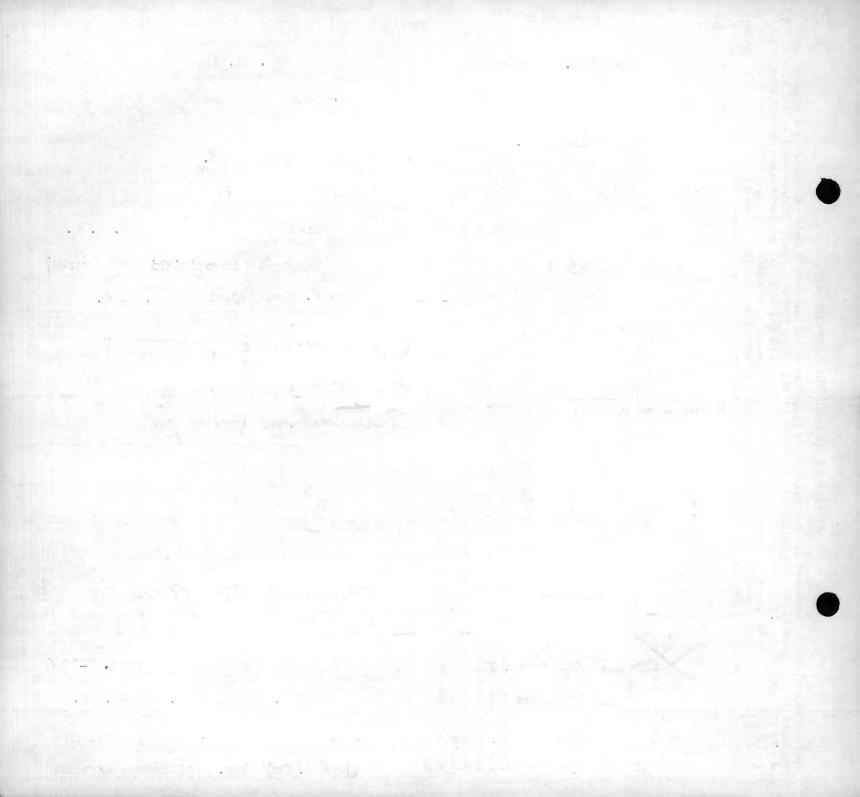
USUAL RESIDENCE (Where deceased lived. If institution: residence before STATE

B. COUNTY (If outside city limits, write RURAL and give township) 27 222 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Son. Harrison L. Woolford, # 4,a,b,c,d. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19. 66 and that fn(my) (our) apinion death occurred on the dote 23B. DATE SIGNED (City, town, or county) Frederick Rd. Balto. Md. JOHN J. DUDA, Dundalk, Maryland 21222 VS 150-REV. 1/1/65

John SARY SECON

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FUNERAL DIRECTOR:



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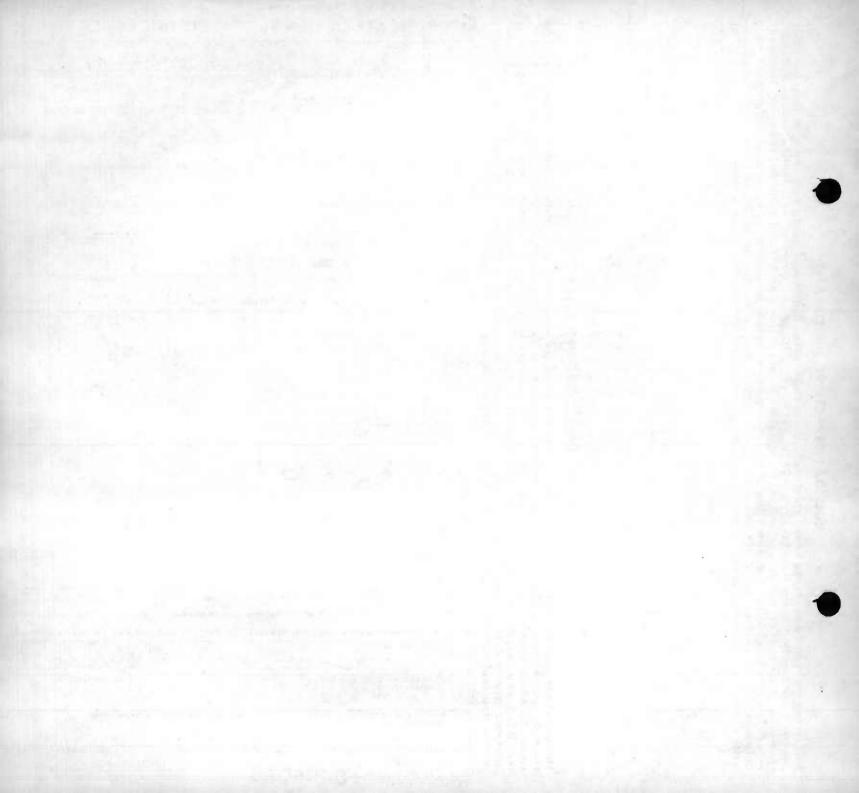
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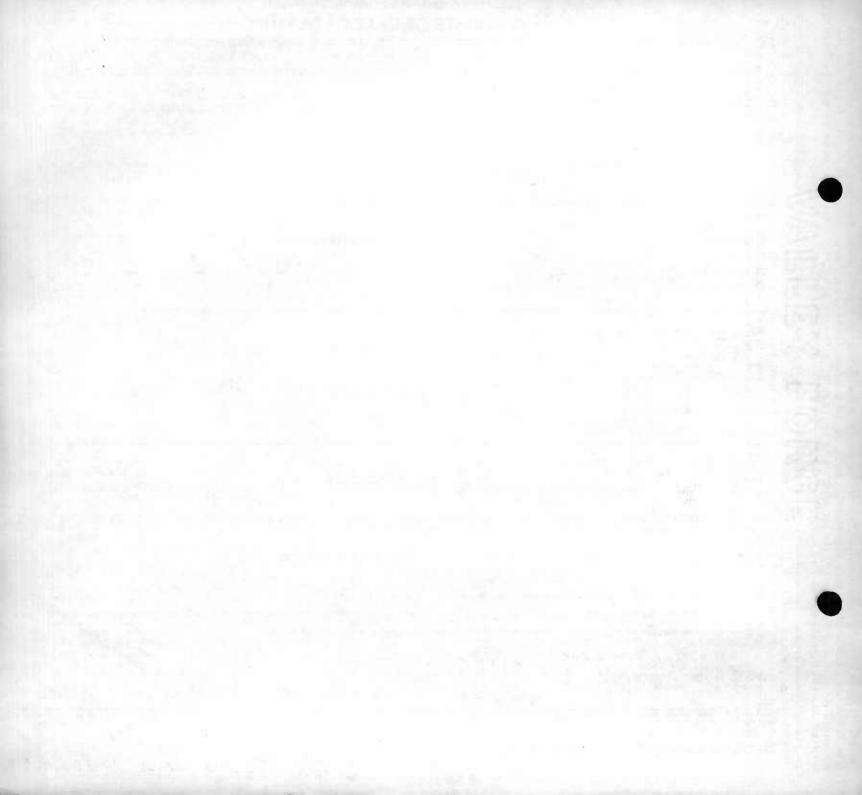
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BALTIMORE CITY HEALTH DEPARTMENT



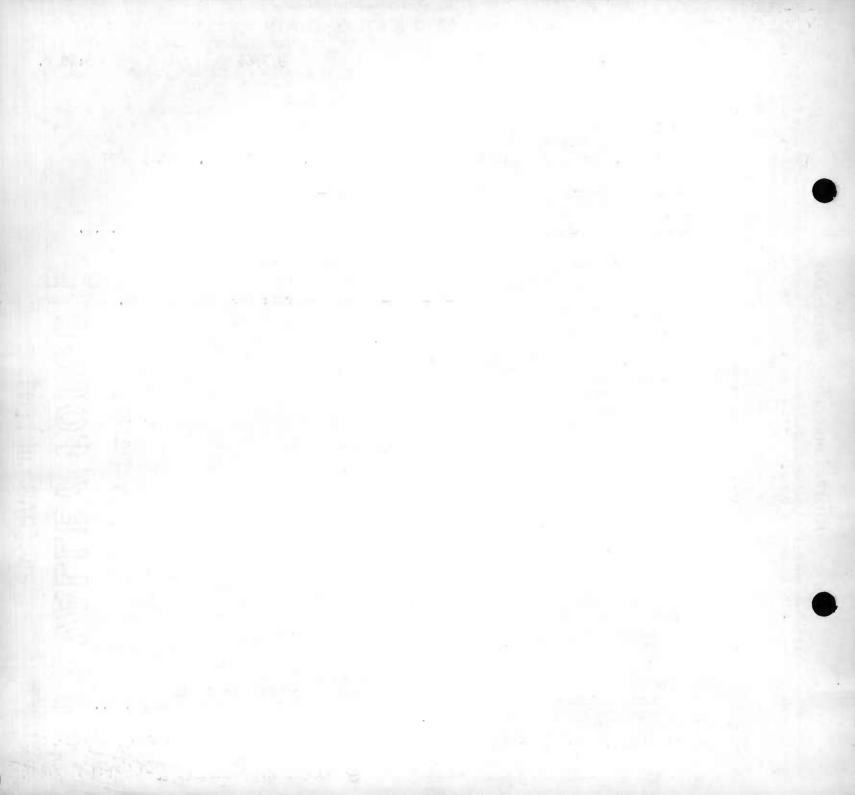
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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FUNERAL DIRECTOR: IMPORTANT	9	E.	10	0	-	written approved must be obtained before the remains are embalmed or final disposition is made.
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	00 000	00	BALTIMORE CIT	Y HEALTH	DEPARTMENT	\ /		66 0888	C
IRTH NO.	66 088	86	CERTIFICA	ATE OF	DEATH	Registered	Na	00 0000	O
M.E. CASE NO. I.NAME OF DEC Type or Print)	KENER	HARRY	1 JA	COR	2. DATE A	ND HOUR OF DE	ATH	9/2/66	
PLACE OF DE	ATH IN BALTIMORE MA	ARULAN	10	A. STATE	B. COU		. /	esidente before odmi	ssion)
FULL NAME OF	OF (If not in hospital address or logitia	ar institution, give s	treet		RING FIEDR TOWN (110	LD 57 M utside city limits, v		d give township)	oth
IN STITUTION	140		1-	D. STREET	SYKESV ADDRESS (1)	rural, give location	14.	56-0	0
3%									
S. SEX	6. RACE	52 00	Called (B. DATE O	16.92	9. AGE (In years lost birthday)	Months		4 Hrs. Vin.
done during most of AECH E	UPATION (Give kind of work working life, even if refired)	RETIAL		Y 11. BIRTHI	MARYL	-AND		ZEN OF AT COUNTRY?	-
GEOR		REVER	_	14. MOTH	AROUIN	3.4	LING	LER	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For	s of service)	SOCIAL SECURITY NO.	17. INFOR	WANT			ADDRESS	
1B. 44 5	0.11	213		OF DEATH				INTERVAL BETWEEN	
DISEA	SE OR CONDITION DI	RECTLY	7	11.1.00	andiel	Infor Cardio Va	cities		
(This does	nal mean the made of	dying, e.g.,	DUE TO	Moo	wiaray	anga.	0,00		
	asthenia, etc. It means aplication which coused		•	-	0:-	D 1: 11			
	ANTECEDENT CAUSES		(B) DUE TO	reero.	emore	Cardiova	oc. allo	4	
	OR CONDITIONS, if		001 10						
	e above couse (A) G CONDITION lost.	stoling lhe	(C)						
	11		1					,	
E TO THE C	FICANT CONDITIONS COEATH BUT NOT RELACED CONDITION CAUSING	ATED TO THE	Pance	eat	1/5.		+8	130/66	-
		DITION FOR WHIC			UTOPSY? (Yes or N	IN CERTIFYING	CAUSES OF	CONSIDERED DEATH?	
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	21B. PLA(home, for etc.)	CE OF INJURY (e.g., rm, foctory, street,	in or about a office bldg., I	NJURY OCCUR?		timare City, giv	e exact location)	
21D. TIME OF INJURY	(Month) (Doy) (Year)		JRY OCCURRED	1	21 F. HOW DID IN	JURY OCCUR?			
(APPROX)	mme	While At	DAI WO	rk .	1. m	me	-1/1		
22. I certify	that (1) (this haspita	l) attended the de	- / / / /	8/30	166	.19ta	9/2/6	6 19	
that (I) (Hast saw the decease	ed alive an	7/2/66	19	and t	hat In (my) (opinian dea	th occurred on th	e da
	d fram the causes sta	ted abave. (I) (We	(did) (dld nat)	view the b	ady after death.				
23A/SIGNAY	URE IM /6	2000	A4 5 A	ttending	Med.	Stoff 🗸	23B, DA	TE SIGNED	
1 wu	10 101 95	axees		hys.	Director	Phy s.	19	12/66.	
ROBEY	Туре)	ZLEY	M.C	23 D. ADDR		1 AVZY LAW	D Itc	SPITAL	_
24A. BURIAL CRE		24C. NAME	of CEMETERY or C	REMATORY	24 D.	LOCATION	(City, lown,	or county) (S	itote)
BURIA	2 4/6/6		ANN C	BHET	IRY,	BALTO.	M	10.	
25A. DATE REC'E	SEP 6 1968	25B. NAME OF RE	GISTRAR	25C. F	UNERAL DIRECTO	3/1/2 - 1	(ADDRESS	1
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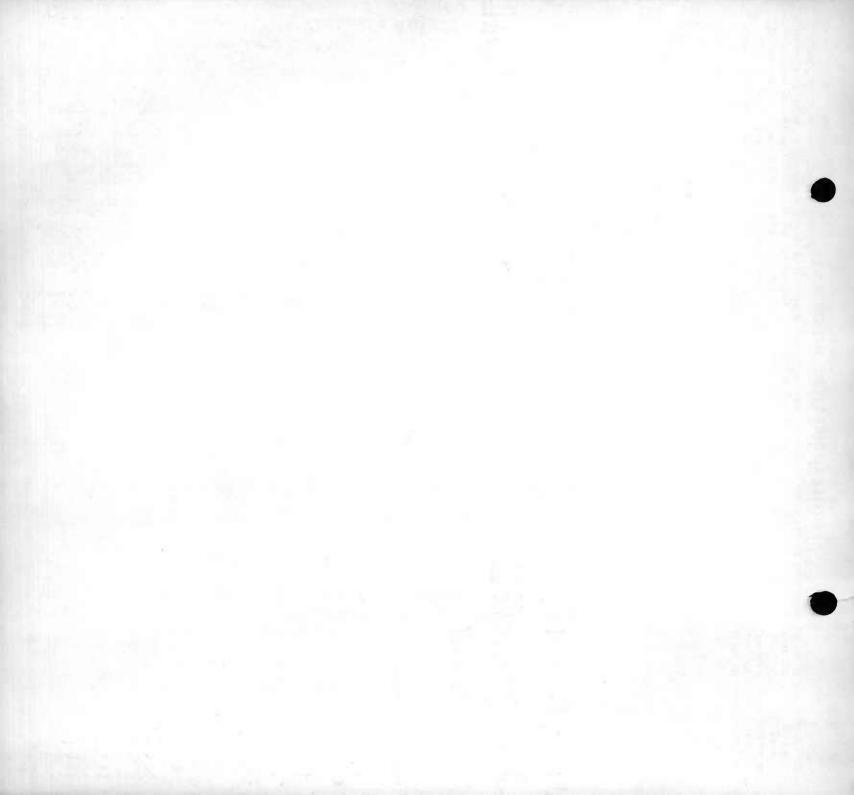


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FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such is and (6) No physician was in regular attendance on the deceased prior to death. Such is obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	- + v > v >

RTH NO. A.E. CASE NO.		TE OF DEATH	Registered No	. 66 08887
NAME OF DECEASED STVOR CALL	FINDED	9/2	here deceased lived. If	PM institution: residence before odmissi
HOSPITAL OR INSTITUTION	oution, give street 9/13/66		outside city limits, write	RURAL and give township)
33 JOHNS HOPKINS HOS	PITAL		MORE 17 If rurol, give location) VHITTIER A	VE.
FEMALE	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) SINGLE ND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 5-5-45 11. BIRTHPLACE (State or Id	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
one during most of working fite, even if retired)	tewarts	Oaklahoma		WHAT COUNTRY?
EUGENE NASTVOGEL		JEAN - GA		Clement
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of se	16. SOCIAL SECURITY NO. 212-44-4572	Mrs Jean Swa	7] er 9010 la	ADDRESS
This does not mean the mode al dying, heart failure, astheria, etc. It means the di injury ar camplication which coused death.	sease,	fold wulster	y Collague	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRI	3 lhe (C)	Conquited Heart	brease : Ostun	Vremun
TO THE DEATH BUT NOT RELATED 1 DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS RECORME!	FOR WHICH OPERATION	PAULUUL 20 A AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (House (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21 F. HOW DID II	NJURY OCCUR?	
22. I certify that (I) (this haspital) atterthat (I) (we) last saw the deceased alivand hour and from the causes stated ab	e an	19and	that in (my) (aur) as	
A. Fr. Grooher In	M.D. Atte	ending Med.	Stoff Phy s.	23 B. DATE SIGNED 9/2/66
23 C. PHYSICIAN'S NAME (Type)	AA D	ela	T/ 4/1.	
A. F. Brooker Jr. 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	M.D. 24C. NAME of CEMETERY of CRE St. Joseph's Cem AME OF REGISTRAR	7.	Tokas (Yoyki)	City, town, or county) (Sto



VS 150-REV.]/1/65



BALTIMORE CITY HEALTH DEPARTMENT

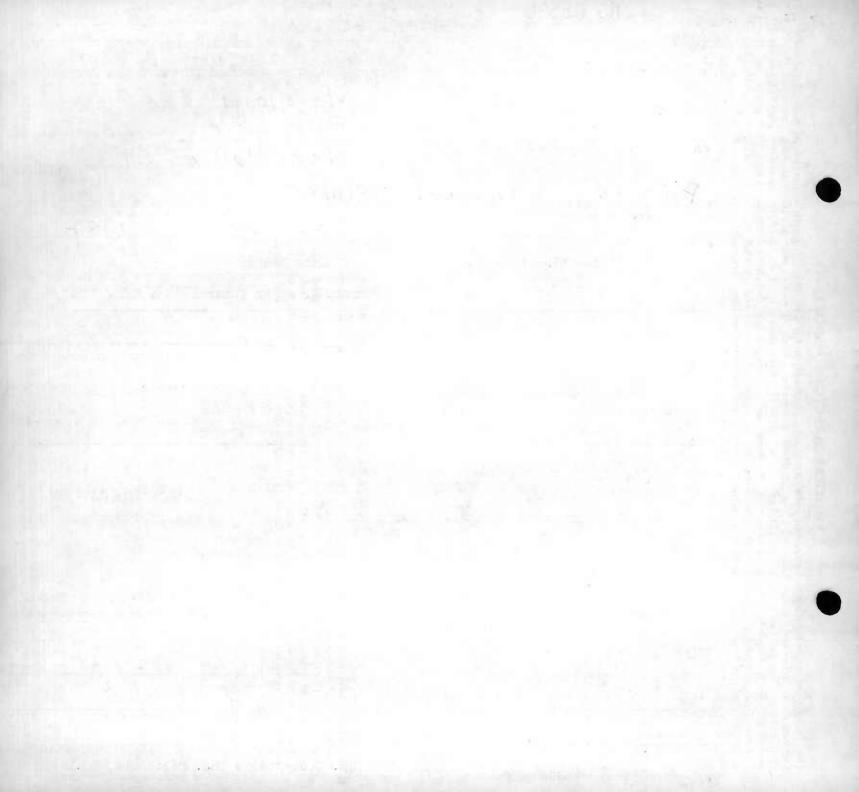
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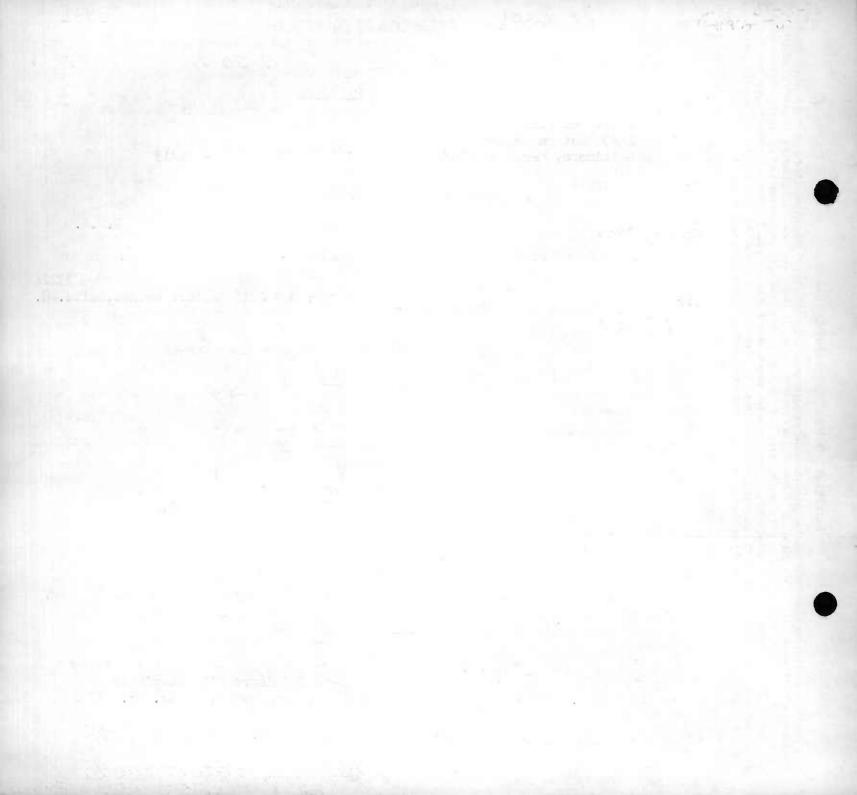
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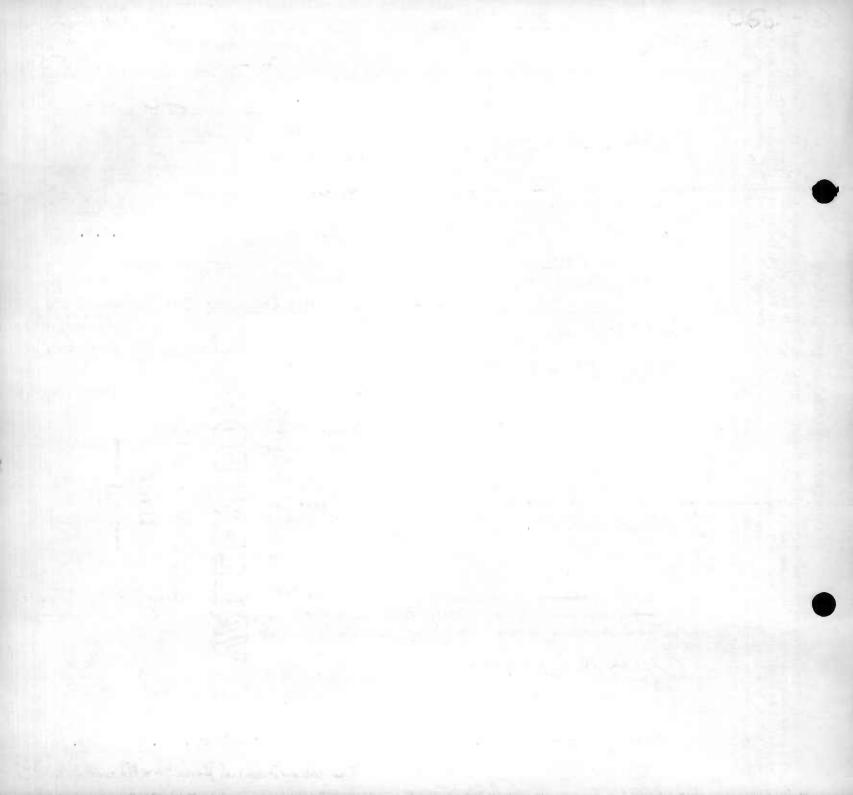
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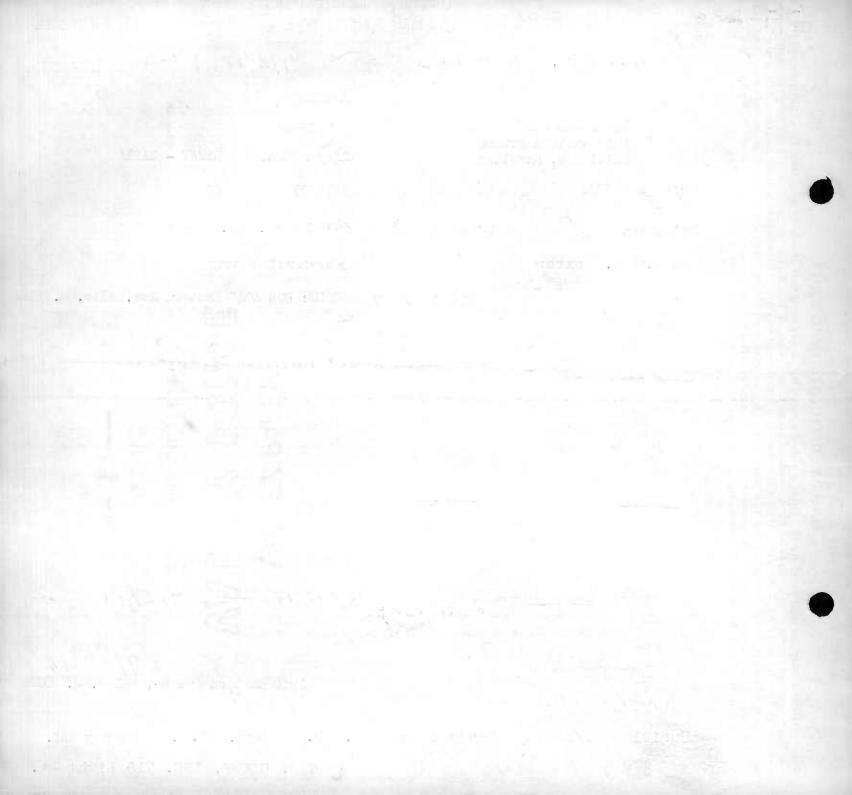
Registered No. 66 USS93 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 3 9 66 11:10A 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A, STATE
B, COUNTY MARYLAND (If outside city limits, write RURAL and give township) BALTIMORE XXX 30 (Il rurol, give location) W PATAPSCO AVE 9. AGE (In years If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. lost birthdoy) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS RM RECORDS AGNES HOSPITAL INTERVAL BETWEEN ONSET AND DEATH Far Advanced Carcinomatosis 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? 66 1966 238, DATE SIGNED A.3,1966 Phy s. Hospital Acones 24D. LOCATION (City, town, or county) (Stote) Md AA Co ADDRESS 25C. FUNERAL DIRECTOR V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

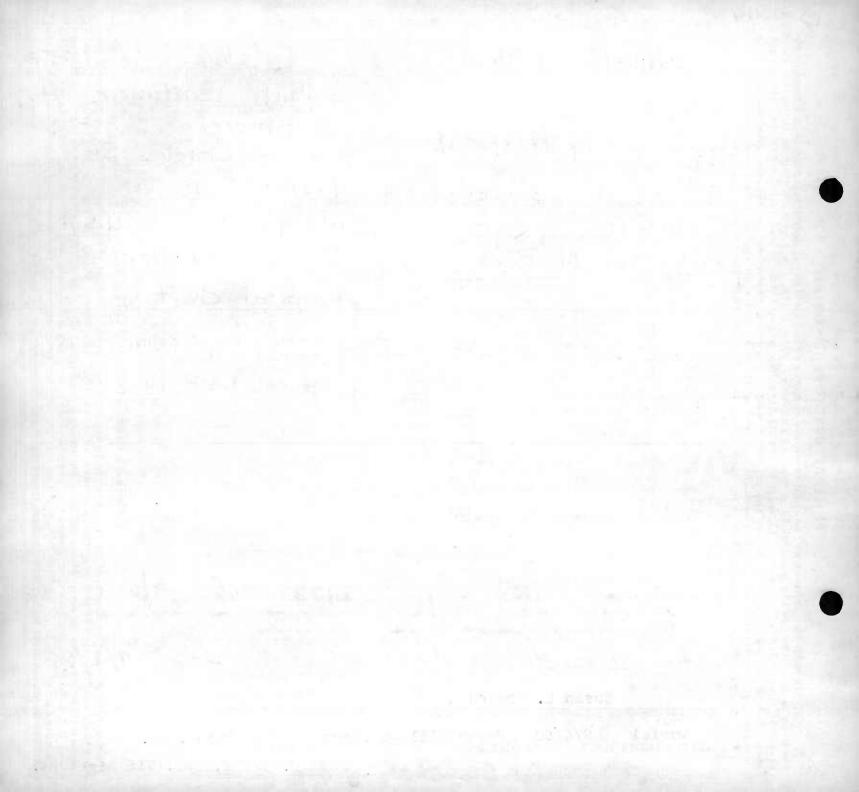
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BIRTH NO.	MED	ICAL EX	AMINER 5 CI	EKTIFIC.	ATE OF D	EAIH Register	red No		
M.E. CASE NO.									
(Type or Print)						HOUR PRONOUNCE			1,500
		ERT Elme	1			ber 2, 196		1:20	A _M .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL R	SIDENCE (Where d	eceosed lived. If insti B. COU	tution: reside	ence before a	dmi s sion)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			Maryland		Carro]	1			
		C. CITY OR	TOWN (If outside	corporote limits, write	RURAL one	give townsh	nip)		
					estmin ste		56	-00	
26/	University	Hospita	1	D. STREET A	DDRESS () rurol,	give location)		5 10 11	
58				R	oute 1		141		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Ones of the North Street					
Male	White	Marri		Nov. 1	5 1023	42		1 110013	
			BUSINESS OR INDUSTRY			country)	12. CITIZEN	OF	i
Painter	vorking life, even if retired)	D., 27.22	D-4 b	- ,	a m			COUNTRY?	
13. FATHER'S NAM	E	DULLGI	ng Painter	14. MOTHER'S	MAIDEN NAME	enn.	U.S.	Ha	
Bo	bert Elmer P	eeke c	n						
	D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMA	Cambell		ADDRESS		
(Yes, no or unknown)	(If yes, give wor or dote		SECURITY NO.			Route			
Yes	WW2		412-12-0784	Mrs. Ca	atherine P	eeks, Westm	inster	. Mary	land
18.	009		CAUSE	OF DEATH	AU SH			NTERVAL BE	TWEEN
DISEAS	E OR CONDITION DI	RECTLY						DINGEL AND	DEATH
515273	LEADING TO DEATH		(A) Ce	rebrocr	anial inju	riac			
(This does n	ot meon the mode of osthenio, etc. It meons	dying, e.g.,	DUE TO	4550A505A	aurarrufic	TT69		**************	
injury or con	oplication which coused	de oth.)							
Δ	NTECENDENT CAUSE	5							
	OR CONDITIONS, IF A		(B)					•••••	
RISE TO THE	E ABOVE CAUSE (A) ST	TATING THE	501 10						
	O CONDITION EAST.		(C)			••••			
2	II								
OTHER SIGN	DECANT CONDITIONS								
DISEASE OF	DEATH BUT NOT REI		HE			*******************************		• • • • • • • • • • • • • • • • • • • •	
OTHER SIGN TO THE DISEASE OR 19A. DATE OF	OPERATION 198, CON	DITION FOR	VHICH OPERATION	20A. AUTO	PSY? (Yes or No) 2	OB. IF YES, WERE FIN	DINGS CO	NSIDERED	
9-1-60	6 WAS PER	Head in	jury	Y	es "	Yes	ES OF DEA	TH?	
21A. EXTERNAL	CAUSE WAS		PLACE OF INJURY (e.g., i form, foctory, street, o				e exoct loc	otion)	1
O UNDERLYING	SE OF DEATH.		Sidewalk						0 6
UNDERLYING CAUS	(Month) (Doy) (Yeor		STURMATK		. How did injui	Road, West	niniste	er, Ma.	
OF INJURY		1							
	pt. 1,1966 7:	58 A m. W	ORK AT W	ORK P	ainting ro	of and fell	off.		
22.	ify that I held on I	nauiry 🗌	Inspection Aut	opsy X	and that on this	bosis, deoth in m	v oninlan		
result	ted from: Noturol con	uses A	coldent X Suicide			idetermined monne	r 🗀		
ACTUAL	(11)		0.		MEDICAL EXA			DATE SIG	NED
SIGNATI		3	A TAL M.D.	ASSISTANT	MEDICAL EXA				
EXAMIN NAME (T	ER'S Charles S	. Sprin	gate, M.D.	ASSOCIATI	MEDICAL EXA	AMINER S	≥ptembe	er 2, 1	.966
23A. BURIAL CREA REMOVAL (Specify		230	C. NAME OF CEMETERY O	CREMATORY	23D. LO	CATION (City.	town, or con	unty) (Stote)
Burial		1966	E.U.B.Cemeter	277	Ten	eytown,Carr	017 00	Mom	ויו פייו
24A. DATE REC'D			OF REGISTRAR		VERAL DIRECTOR	y bowin, barr	AL OO	DRESS	y Land
C	ED 6 1066	DO R	O Fre The MA		John	H. Skilles			
2	FL 0 1200	1 News	C' donoch un	C.O.	Fuss & Son	n, Taneytow	n, Mar	yland	
VS 151-REV. 1/1/6	5	V 9 1	1 1 1 1 1	0 0	200	-			

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BALTIMORE CITY HEALTH DEPARTMENT

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PHERINEST CRESTORISME NARYLAND P.

AIMM BENING

THE STREET BESTERN RENTEON STREET, SALES

BELLAS

BIRT	TH NO.		WEDI	CALEX	AMINER 5 CI	EKTIFICAT	E OF	DEATH Registe	red No	
_	E CASE NO.									
1. I (Ty	NAME OF DEC						2. DATE AN	D HOUR PRONOUNC		
				Cherry				9/3,	/66	9:25 a. M.
3. F	LACE IN BALT	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					NCE (Where	deceased lived. If inst		dence before odmissian)
FILL	IL NAME OF	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PITAL OR ADDRESS OR LOCATION)				Marylan	d			
HO	SPITAL OR				HOIL, OIVE SIKEEI	C. CITY OR TOW	'N (If autsid	e carparate limits, write	RURAL or	nd give tawnship)
1143	THO HOLE					Ba	ltimor	o de	6	01
						D. STREET ADDR				
C	10	5721 De	enwood	Ave.		5	721 De	nwood Ave.		3
5. S	EX	6. RACE			NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)		1 Yr. If Under 24 Hrs.
n	nale	white	2	MISOWED, D	DIVORCED(specify)	4-19-	1911	40	Manins	Days Haurs Min.
10A	USUAL OCCI	JPATION (Give	kind af work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	stote or foreign	n country)	12. CITIZE	EN OF
	e during mast af v					MANDU	1 1114			T COUNTRY?
13	FATHER'S NAM	A E		ARMYC	CKY ENGINEET	IN AAOTHER'S AAA	HOEN NAM	E	L'	0/4
10.1	100	1011	Je 11 -			A LIST	NIDEN NAM			
3.0	UU5E,	MH (-HE	RKY		ANNA	+-5A	BOX		
	was Decease			FORCES? s of service)	16. SO CIAL SECURITY NO.	I/. INFORMANT /		/	ADDRESS	THE STATE OF
)	ES	WH	177		214-11-7792	CENEVIEW	FUEP	RY 5721-0	ENVIC	ODD AUF
_/	1B.	1 1	-77		CAUSE	OF DEATH	6/11-11	1 41 11	-///20	INTERVAL BETWEEN
	- 5 X									ONSET AND DEATH
	DISEAS	SE OR COND LEADING T	O DEATH	RECTLY	Cirrho	sis of liv	er			
	(This daes r	nat mean the asthenia, etc.	made of	dying, e.g.,	DUE TO					**************************
	injury ar cor	mplication which	h caused	death.)						
	ANTECENDENT CAUSES									
					(B)					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
z	ONDERLIN	NG CONDING	JN LASI.		(C)					••••••
ē		- 11								
3		NIFICANT COL								
표		DEATH BUT			1E	***************************************				
CERTIFICATION					HICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES, WERE FIR	N DINGS C	ON SIDERED
Ö	0		WAS PER	ORMED		no		IN CERTIFYING CAUS		
AL	21 A. EXTERNA			21 B, P	PLACE OF INJURY (e.g., i	n ar abaut 21C. W	HERE DID	(If in Baltimore City, gi	ve exact la	cation)
S	UNDERLYING DEAU	OR CONTRIB-		hame,	farm, factory, street, o	ffice bldg., INJURY	OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MEDICA										
	OF INJURY	(Month) (D	ay) (Yeor		E. INJURY OCCURRED	21 F. HO	M DID INT	JRY OCCUR?		
	(APPROX.)	(APPROX.) m. WHILE AT NOT WHILE AT WORK								
	22.									
	I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death In my apinion									
	resulted fram: Natural causes X Accident Sulcide Hamilcide Undetermined manner									
		CHIEF MEDICAL EXAMINER DATE SIGNED								
		SIGNATURE ALL M.D. ASSISTANT MEDICAL EXAMINER W								
	EXAMIN			, ,		ASSOCIATE ME	DICAL E	XAMINER		9/3/66
	NAME (Wer	ner U. S	Spitz, M.D.	MAN A THE				, -, -,
	BURIAL CRE		. DATE	230	. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	, town, at c	county) (State)
KEN	NOVAL (Specify	9	1-0-	1961 1	TAITA NATIO	INIPEN	1 17	Arm	MA	DUI AND
244	DATE REC'D	BY HEALTH D	DEPT.	24B NAME	OF REGISTRAD	24C. FUNERA	L DIRECTOR	7410.	11/1	DDRESS
				A	4 % 4					
		SEP 6	1966	OR Con B	E Tarbound	JOHN N	1 WFB	ER &SONS IN	1 401	S.CHESTERS
vic	252 0014 2/2/	15	1	11/	7			110110		

BURGET FEE EASTE MATHERING CEST THATE

altimore, Md 21212

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IMPORTANT

DIRECTOR:

FUNERAL

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approved

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

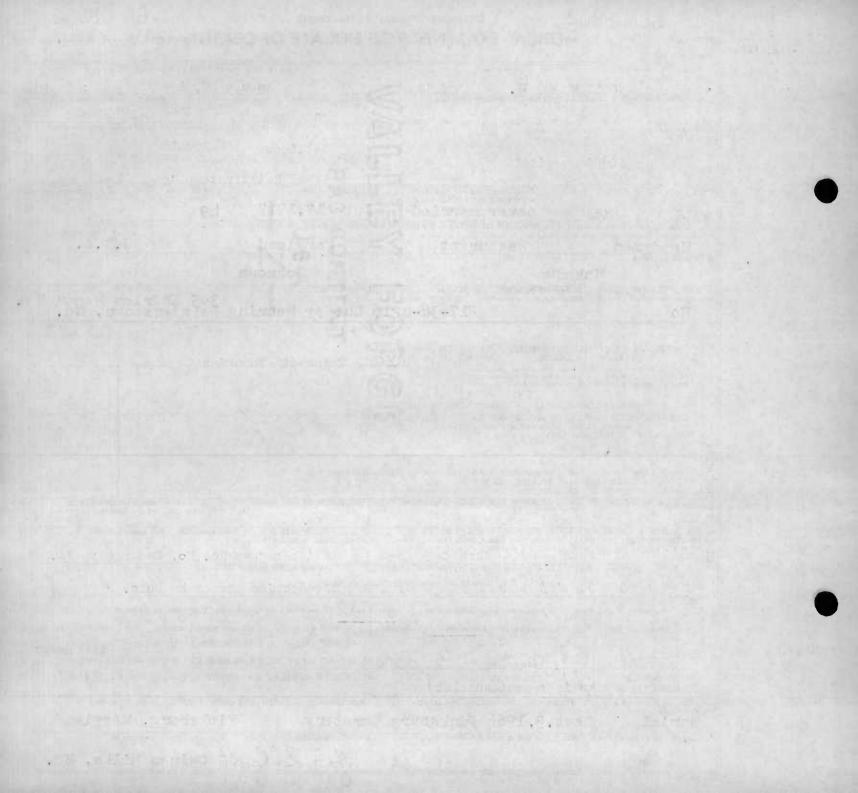
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and former in action in section

	66	08902		BALTIMORE CITY HEAL	TH DEPARTMENT			66	0890	2
BIRT	H NO.		ICAL EX	AMINER'S CI	ERTIFICATE (OF DEA	TH Register	ed Na	73	
1	CASE NO.	77120		THE TENTO	-1(11110)(12)					
1. 1	NAME OF DECI	EASED			2. DA	TE AND HO	UR PRONOUNCE	D DEAD		
(1)	01 1111111	WOODROW	W.	CHASE		August	30, 1966)	8:45	рм.
3. P	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	Where deceo	sed lived. If institu	YTY _		dmission)
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Marylan		orote limits, write		ltimore	hin)
INS	TTUTION	ADDRESS OR LOCA	A IION)						,	
	11-2	Sinai Hosp:	ital		Baltimo		Rural	3	55-06	
	Total	Dinar nosp.	LLUI		11311 Reisterstown Road					
5. S	EX	. RACE		NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years	If Under	Yr. If Unde	er 24 Hrs.
7	IALE	White		married	July 17,19		st birthdoy)	Months	Doys Hours	Min.
10A	USUAL OCCU	PATION (Give kind of wor		BUSINESS OR INDUSTRY			7/	12. CITIZ	EN OF	i
done	Handyn	orking life, even if retired) 1811	Restu	rant	Maryla	nd		U	S.A.	
13. F	ATHER'S NAMI				14. MOTHER'S MAIDEN	NAME				
		Unknow			Unk	mown				
		If yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMANT		305 Shi	ADDRES!		Ró
	No			217-34-4216	Luther Me	hring	Reister	stot	m, Md.	•
	1B.	2.4		CAUSE	OF DEATH		MAL TELLAND		INTERVAL BI	
		OR CONDITION DI							ONSET AND	DEAIII
	(This does no	LEADING TO DEATH	dvina e.a.	(A) Multi	ple Traumatio	Injur	ies	•••••••••••		
	heart failure, asthema, etc. It means the disease, injury or complication which coused death.)									
	AA	NTECENDENT CAUSI	s							
	DISEASES OR CONDITIONS, IF ANY, GIVING BUE TO								•••••	••••
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
NO.	(C)									
Y	OTHER SIGN	II IFICANT CONDITIONS	CONTRIBUTION	IG						
띮		CONDITION CAUSING					•••••			*********
CERTIFICATION	19A. DATE OF		IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes					
	21				Yes		ERTIFYING CAUSE		Yes	3
O	218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) UNDERLYING TROP CONTRIB-								-0-	
1	Street Reisterstown Rd., No. Cedar mere								mere Re	1.00
	OF INJURY	D TIME (Month) (Doy) (Yeot) (Hout) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?								
	OF INJURY (APPROX.) 8 30 '66 Pm. WHILE AT NOT WHILE X Pedestrian struck by auto.									
	22.	fy that I held an I			apsy and that	on this bas	sis, death in my	y apinia:	n	
		ed fram: Natural ca		ccident X Suicide			ermined manner			
		1011	7	50	CHIEF MEDICAL EXAMINER					
	SIGNATU	IRE ()	rully	who wo	DATE SIGNE					NED
	EXAMINE	R'S				ASSOCIATE MEDICAL EXAMINER 8/31/				66
	NAME (T		Breite							
	BURIAL CREM			NAME of CEMETERY o		23D. LOCAT		town, or		(Stote)
	Burial			Finksburg (inksburg			d
24A	. DATE REC'D E	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIR	ECTOR	0		DDRESS	
	QT.	P 8 1966	10 %	P. Fre Poulle	H. J. 201	Khard	Owings	Mil	Lls, M	d.
VS	151-REV. 1/1/6	5		to ter	0 8 (1) 0	5				1



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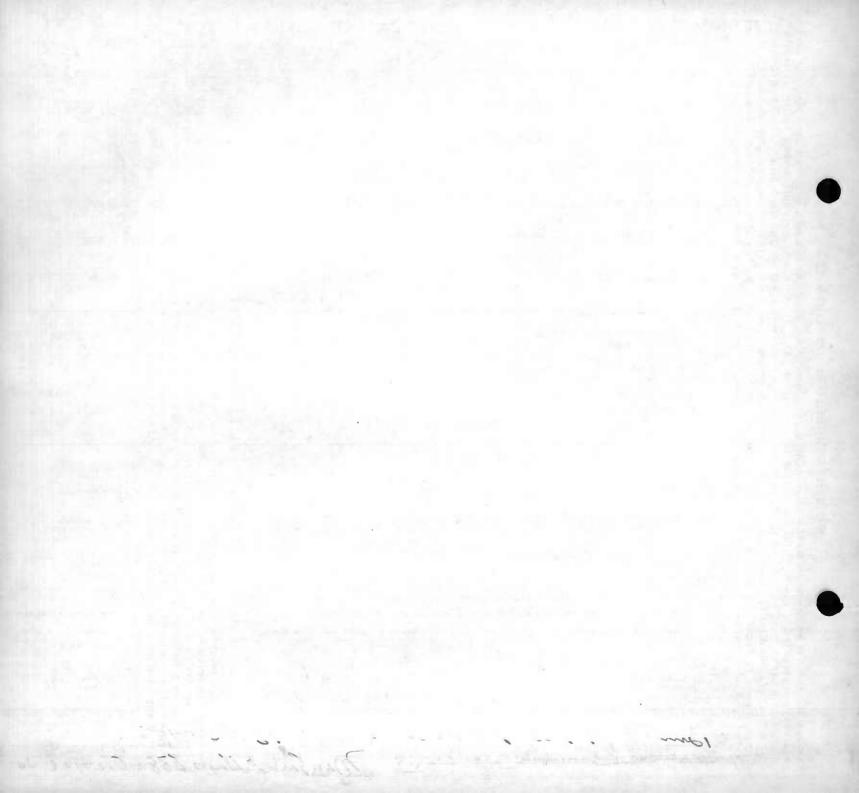
60	5 08904	8	BALTIMORE CITY HEALT	TH DEPARTMEN	IT		00 (18904	
BIRTH NO.	MEDI	CAL EX	AMINER'S CE	RTIFICAT	TE OF	DEATH Registe	ered No		
M.E. CASE NO.		الله مد الله							
1. NAME OF DEC	CEASED		,		2. DATE AN	D HOUR PRONOUNC	ED DEAD		
livpe or rinn	WILL	Œ J.	CLINTON V	,	Septe	ember 4, 196	6	6:30 P.	
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If inst	titution: reside	ence before odmission)	
				A. STATE Ma	ryland	B. CO	TINIT		
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET			le corporate limits, write	e RUBALeone	d give township)	
NOITUTITZNI				Ra	ltimore		110.	04	
P	rovident Hosp	ital		D. STREET ADDR			-		
39				1032 N. Fulton Avenue					
5. SEX	6. RACE			B. DATE OF BIRTH	Н	9. AGE (In years lost hirthday)	If Under	1 Yr. If Under 24 Hrs.	
Male	Negro	MIDOWED, E	DIVORCED (specify)	law . 9	-1930	lost hirthdoy)	Months D	Doys Hours Min.	
IOA, USUAL OCCI			BUSINESS OR INDUSTRY		State or foreig		12. CITIZEN	1 OF	
done during most of v	working life, even if retired)	100		15.11.1	11.11	(WHAT	EQUNTRY?	
13. FATHER'S NAM		hour	727	14. MOTHER'S M	AIDEN NAMA	٠, ٥	140	13	
11/1/	1111	TUN S	R.	0		11.			
04/1/18				5050	- 511	73			
	O EVER IN U.S. ARM ED		16. SO CIAL SECURITY NO.	7. INFORMANT	/		ADDRESS		
NO				Ida CII	NON	10321	LUL	TON HUG	
18.	103V		CALISE	OF DEATH				NTERVAL BETWEEN	
= 1	606 A							ONSET AND DEATH	
DISEA	SE OR CONDITION DI		Stal	h wounde	of chas	. +-	9.4		
(This does	not mean the made of	neon the mode of dying e.g.,							
heart failure,	osthenio, etc. It meons	the disease, death.)							
	ANTECENDENT CAUSES (B)								
RISE TO TH	SEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
	NG CONDITION LAST.		(C)						
0									
OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTION	IG						
- 10 1112	DEATH BUT NOT REL	LATED TO TH	HE						
E DISEASE O	R CONDITION CAUSING		WHICH OPERATION	20A AUTOPSY	? (Yes or No)	20B. IF YES, WERE FI	NDINGS CO	NSIDERED	
0 7	WAS PER		THE STEEL ST	Yes	. (103 0) 110/	IN CERTIFYING CAU			
21 A. EXTERNA	L CAUSE WAS	218 6	PLACE OF INITIRY (e.g. in		HERE DID				
UNDERLYING	AOR CONTRIB-	home,	PLACE OF INJURY (e.g., in form, foctory, street, of	fice bldg., INJURY	OCCUR?	th in bottimore City, gi	VE EXOCITOC	OHOH?	
	SE OF DEATH.	etc.)	street	In f	ront of	1600 W. La	nvale S	Street	
21D TIME OF INJURY	(Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21 F. HC	JUNI DID INJ	JRY OCCUR?			
(APPROX.) S	ept. 4, 1966	5:57 W	HILE AT NOT W	St St	abbed a	and beaten			
22.									
			InspectionAuto			is bosis, deoth in r			
resul	ted from: Notural con	uses A	ccident Suicide	Hamici	de X l	Undetermined monn	er		
	(0)	1	0.	CHIEF MI	EDICAL EX	AMINER		DATE SIGNED	
ACTUAL		95 J.C	Jagali un	ASSISTANT MI	EDICAL EX	CAMINER X		DATE SIGNED	
SIGNAT	_	c cand	ITIO DO	ASSOCIATE M		_ 0	ptembe:	r 5, 1966	
NAME (Type)								
23A. BURIAL CRE	MATION, 238 DATE	230	C. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (City	, town, or co	unty) (Stote)	
Comsu	A	66			1/	114 411	5.0		
24A, DATE REC'D	/ /	248, NAME (OF REGISTRAR	24C. FUNERA	AL DIRECTOR	1111	AF	DDRESS	
			at the same	m	1	011		GILMON S	
5	SEP 6 1966	(P.D. 14	E. Salbouth	Many	au ,	Mayolo.	50 NG	arening Q	
VS 151-REV. 1/1/	65		o U Ti	1 8 9	0 7				

Shilly Kill S. C. commer thefee

VS 150-REV. 1/1/65

BIRTH NO. 66 0890	5 BALTIMORE CIT	Y HEALTH DEPARTMENT	Registered Na.	66 08905				
M.E. CASE NO.	CERTIFICA	ATE OF DEATH						
1. NAME OF DECEASED (Type or Print)	1-110011	2. DATE AND	HOUR OF DEATH	, 30				
DABY GIRL I	HENSON		-4-66	1 30 A. Astitution: residence before odmis				
3. PLACE OF DEATH IN BALTIMORE, MAR	LAND	A. STATE B. COUNT	T	-				
FULL NAME OF (If not in hospital or	institution, give street	14 D		25-32				
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write	RURAL ond give township)				
	110001211	BALTIMO	ORE					
UNIVERSITY	NUSPITAL	D. STREET ADDRESS (If re	D. STREET ADDRESS (If rurol, give location)					
38		1108 SHE	8 SHELLBANKS CA					
5. SEX 6. RACE 7	. MARRIED, NEVER MARRIED	RIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year						
FN	WIDOWED, DIVORCED (specify)	8.25.66	ost birthday)	If Under 1 Yr. If Under 24 Manths Doys Hours Mi				
IOA. USUAL OCCUPATION (Give kind of work)	OB. KIND OF BUSINESS OR INDUSTR		n country)	12. CITIZEN OF				
done during most of working life, even if retired)		BACTIMOI		WHAT COUNTRY?				
13. FATHERS NAME				USA				
	N-413733	14. MOTHER'S MAIDEN NAM	-	,				
EDWARDS EDA	IONDS	BREND,	A HEN	SON				
5. Was Deceased Ever in U. S. Armed Force	s? 16. SOCIAL	17, INFORMANT		ADDRESS				
Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	CHART #	4 32. 79	.10				
			10.01					
18.		OF DEATH		ONSET AND DEATH				
DISEASE OR CONDITION DIRE		=1 = == 1010						
LEADING TO DEATH	(A) A /	ELECTASIS LOWER CIFE						
(This does not mean the made of cheart toilure, asthenia, etc. It means t								
injury or camplication which coused death.) PROBABLE PNEWMONITIS								
ANTECEDENT CAUSES (B) DUE TO								
DISEASES OR CONDITIONS, if ony, giving								
rise la the abave couse (A) : UNDERLYING CONDITION last.	stating the (C) CON	NOMACIES	E 4 K/13					
CHECKETHO CONDITION (ds).								
Z OTHER SIGNIFICANT CONDITIONS CO	NIDIDITING							
E TO THE DEATH BUT NOT RELAT	E I IU THE UTATH BUT NOT KELATED TO THE PARELER A. DICTOR OF A DELLA CONTRACTOR							
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY TYes ON No.	208 IE VEC WIERE	FINDINGS CONSIDERED				
WAS PERFO		2000 AG TOPS (TIES OF THE	IN CERTIFYING SA	USES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTHENTION	in or obout 21C. WHERE DID	City, give exoct locotion)					
OR CONTRIBUTING CAUSE OF	hame, farm, factory, street,	office bldg., INJURY OCCUR?	tit in boilimon	e City, give exoct locoffon/				
DEATH (notify medical examiner)	etc.)							
OF INJURY (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
(APPROX)	While At Not Wh							
22 1			1.6	0-11				
22. I certify that (I) (this hospital)	0 11		9 66 ta	19				
that (1) (we) last saw the deceased	. ,		t in(my) (aur) api	nian death accurred an the				
and haur and fram the causes state	d abave. (HT (We) (did) (did not)	view the bady after death.						
23A. SIGNATURE	. 0 /			23 B. DATE SIGNED				
(no. 8) 7 /2. +	M.D. A	tending Med. Director	Stoff Phy s.	9/4/10				
23 C. PHYSICIAN'S		23D. ADDRESS	117 20,700	1/7/06				
NAME (Type)	1-0-0,	1 1111 1 1 1 1 1	17 W L	CIPITHI				
RONALD C. G.	ITBERLET M.D		11/ H	USTITIE				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		REMATORY 24D. LO	CATION (C	ity, town, or county) (Sto				
Brus 9.7-6	mt AUBUR	v B	who mi					
25A. DATE REC'D BY HEALTH DEPT.	58. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
eco e 100m	n 20 F. D	Marsharet	16.00 /	3Calliana				

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

Lercoster 1 Sc - 3001 9/0/66 Mid beltiment Union Exponerial Hospital . Baltimore 306 W Fronthy ST Widowed 9/23/82 84 By. West Indes US 00-154 Alethea Wolf. Lions / Samuel Carcinoma of Lung 1/24pms Bed Indust Congestion Failer 33/4/6 Dr. Edward Stronger

OFF TE HORE TO ST. BEOMTEN Carlinder IN to wind Fast Sh. State Heap 9/12/17 COWIGIN Arrel . Composter Corpoter MAN Sizere Carry -- Wetnessee theore gurli Brain damage LUM P P. tenitory turner almong days With the most of true July 66 present 27 By 28 Buy 61 W. of Mr. Hills Roberts A. Mayora, W.

IMPORTANT

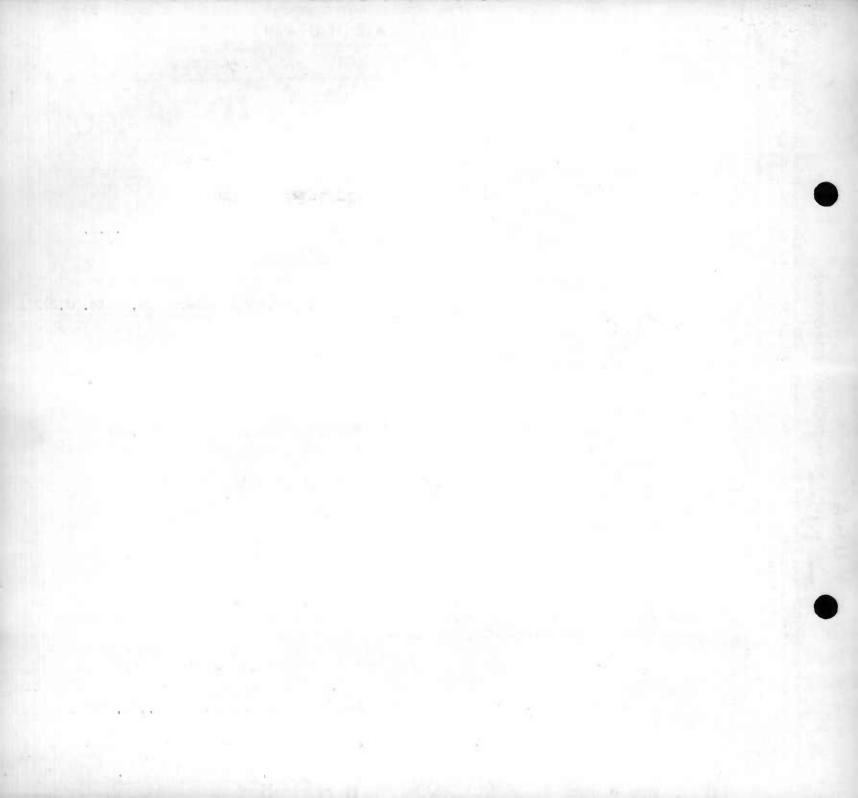
DIRECTOR:

FUNERAL

MEIA LIN COLLEGE CON CONTROL OF THE COLUMN

BIRT	H NO.		MEDIC	CAL EX	CAMINER'S CI	RTIFICA	TE OF D	EATH Register	ed No.		
	CASE NO.			-					0.000		
Typ	e or Print)		illiam	Nuth		Sept. 4. 1966 12:10 AM					
				4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY							
HOS	PITAL OR	ADDRESS	OR LOCAT	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
1143.	U	nion Me	morial	Hospit	al		Baltimore	#6	1-1	-01	
114						D. STREET ADDRESS (If rural, give location)					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8.						B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.					
1	ale	White		WIDOWED, Div	orced (specify)	Jan. 8,	1899.	tost birthday) 67		/s Hours Min.	
done	during most of v Retired	vorking life, ever			e. Dept.	212-	ryland	country)	WHATES	OF QUNTRY?	
13. F	ATHER'S NAM		D			14. MOTHER'S	MAIDEN NAME	Margaretx	Basks	w Gualer	
			enry B.					rargare cxa	ADDRESS	d drafey	
	VAS DECEASE no or unknown!				16. SOCIAL SECURITY NO. 217-38-3182	Mrs. Ma		Becker,310		icky Ave.	# 13
1	18. ,/	3.1.			CAUSE	OF DEATH				TERVAL BETWEEN	
	DISEAS	SE OR COND	ITION DIR	ECTLY						ISET AND DEATH	
		LEADING T	O DEATH		(A) Art	erioscle	rotic Car	diovascular	•		
3	heart failure,	not mean the osthenia, etc. mplication which	It means	the disease,	DUE TO			Disease			
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO										
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.										
S.					(C)				· · · · · · · · · · · · · · · · · · ·		
CERTIFICATION	TO THE	II NIFICANT CO DEATH BUT R CONDITION	NOT RELA	ATED TO T							
CERTI	19A. DATE OF			ITION FOR	WHICH OPERATION	20A. AUTOP		DB. IF YES, WERE FIN			
O	21 A. EXTERNA UNDERLYING	OR CONTRIB	-	21 B. home etc.)	PLACE OF INJURY (e.g., form, factory, street, c	ffice bldg., INJU	WHERE DID (IF	in Boltimore City, giv	re exoct locati	on)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (D	oy) (Year)		WHILE AT NOT	WHILE	HOW DID INJUR	Y OCCUR?			
	22. certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion										
	resul	ted from: N	atural con	ses X	Accident Suicid	Homi	cide Un	determined monne	er 🗌		
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER Sept. 4. 1966										
	NAME (Type)	ier U.	Spitz	M. D.	AJJUCIATE	MEDICAL EXP	SMITTER			
23A REA	BURIAL CRE	MATION, 231	9/8/6		c. NAME of CEMETERY of Redeemer		23 D. LO	Baltimore	Md.	ty) (State)	
24A	. DATE REC'D	BY HEALTH	DEPT.		OF REGISTRAR		ERAL DIRECTOR		ADD	RESS	
		SED B	1966	00	B. Q. France 48	Leona	rd J. Ruc	k Inc. Bal	to. Md.	21214	,
VS	151-REV. 1/1/	65	1000	Mychaer	S C3 / CARSONINA	0 8	7 1 43				/

Livorend Jasta . Affas Parency bell chianter for consens. dint is your 217-98-3162 Man. Margaret E. Bester, 2106 Martinete Ave. Haltmore, 16. Smulal Complete Haly Haddenius Complete Language I. Parky Jan. Parker . I became



 IMPORTANT

DIRECTOR:

FUNERAL

2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township Ltimore (If rural, give location) Westfield 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 2811 Westfield Ave ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in(my) (our) apinian death accurred on the date 6217 Harford Rd. (City, town, or county) Balto., Md. Ruck, Inc., Balto., Md. 21214 VS 150-REV. 1/1/65

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Cause

9 BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY TOOKS 3. PLACE OF DEATH IN FULL NAME OF (If not in hospital or instilution, give street HOSPITAL OR oddress or location) C CITY OF TOWN (If outside city INSTITUTION (If turol, give lacation) D. STREET ADDRESS orth MION remoria 5. SEX MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 9, AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. last birthday 27 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working file, even if retired) Nerre USA None Timore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces?
[Yes, no or unknown] (If yes, give war ar dates of service) 6. SOCIAL SECURITY NO ADDRESS 17. INFORMANT None Mr. Russell Brooks (Same) CAUSE OF DEATH 18. INTERVAL BETWEEN Respiratory ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ta the abave cause (A) stating the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC. 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? es OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If in Baltimare City, give exact lacotion) DEATH (notify medical examiner) MEDIC 21 D. TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive on and that in (my) (aur) apinion death accurred on the date and hour and fram the causes stated obove. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Staff M.D. Director Phys. 23C. PHYSICIAN'S UNION MEMORIAL HOSPITA ESS. ADDRESS NAME (Type W. EARL 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION REMOVAL (Specify) Burial 9/6/66 Baltimore, Md. Dulaney Valley Cemetery 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 1966 Leonard J. Ruck Inc. Balto. Md. 21214

States In the State of the Stat 1 Heller Hand 2101 Union Alemand Hospital will type bernen with stinke stem Baltimore, Mid. 20 Mussell Bruce Droots Dancy Louise Ely Control of the second state of the second THE RESERVE OF THE PARTY OF THE and the second s 10 Sept 3 - 13 E LIVE THE THE THE PARTY OF THE

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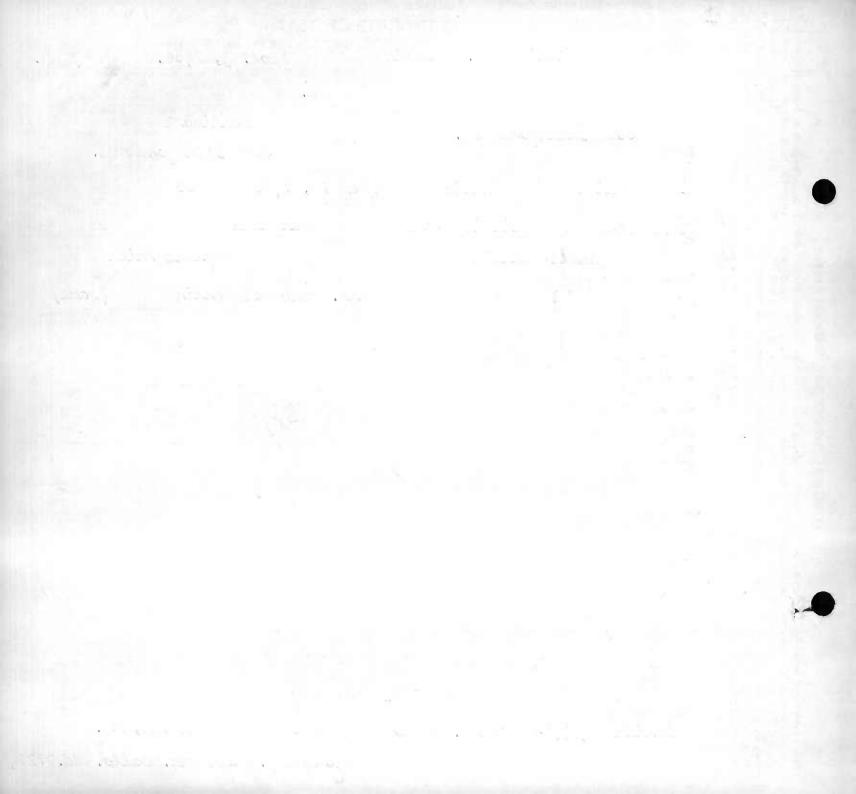
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BIRTH NO.	MEDI	CALEX	CAMINER'S C	ERTIFICA	IE OF DE	A H Register	ed No	
M.E. CASE NO.								ALL THE SHOPS
1. NAME OF DE		L. Mea	ns		2. DATE AND H	9/3/66	D DEAD	12:40 a.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission B. COUNTY				
FULL NAME OF ADDRESS OR LOCATION) INSTITUTION Union Memorial Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #18				
				D. STREET ADDRESS (If rurol, give location)				
5 A5V				3042 Guilford Ave.				
male	WIDOWED, DIVORCED (specify)		March 2		9. AGE (In years lost birthdoy) 46	Months,	1 Yr. If Under 24 Hrs Doys Hours Min.	
done during most of		A1	spapers	VII. BIRTHPLACE West	(Stole of foreign of Virgin		12. CITIZE WHAT	N OF COUNTRY?
13. FATHER'S NAA	Thomas	Means		14. MOTHER'S MAIDEN NAME Bridget Qiinn				nn
5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
Yes	(If yes, give wor or dote	s or service/	382-12-582		Polones i	M. Means		(Same)
1B.	184 XI		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY						ONSET AND DEATH
	LEADING TO DEATH		(A) Massiv	e interna	1 bleedin	g		
heort loilure	not meon the mode of , osthenio, etc. It meons mplication which caused	the diseose,	DUE TO			·		
Place III								
	ANTECENDENT CAUSE		(B) Gunsho	t wound o	f right c	hest, invo	lvin	
	OR CONDITIONS, IF A			gs and ao:				······
	NG CONDITION LAST.	AIII O IIIL	Luii	gs allu ao.	rta			
Z			(C)				······································	••••••
O THE	NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO T						
19A. DATE OF	R CONDITION CAUSING		WHICH OPERATION	20A AUTOPSY	? (Yes or No) 20B	IF YES, WERE FIN	DINGS CO	ONSIDERED
8	WAS PER		The state of the s			CERTIFYING CAUSE		
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID (If it	yes Boltimore City, give	e exoct lo	cotion)
	MOR CONTRIB-	home etc.)	, form, foctory, street, o					
7	(14 11 /5) (4		house		17 Calver			
OF INJURY (APPROX.)	9 3 66 12	:30a. _{m.} V	VHILE AT NOT		ow old injury	altercation	n	
22. I cer	tify that I held on I					osis, death in my		
resul	ted from: Notural cou	ses A	ccident Suicid	e Homici	de X Und	etermined manne		
	1.11.		1-		EDICAL EXAM	INER [
ACTUA		54	Z~ M.D.	ASSISTANT M				DATE SIGNED
EXAMIN		Spitz, 1	V		EDICAL EXAM			9/3/66
	MATION, 23B. DATE	66. Ar	Lington Nat		23D. LOC.		town, or co	
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR		A A	DDRESS
SI	EP 6 1966 (1. Cart	2. Carbay MA	Leon	ard J. R	Ruck Inc.	Bal	rginia boress to. Nd.212
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VS 150-REV. 1/1/65

6			BALTIMORE CIT	Y HEALTH DEPARTMENT	66 08916
BRIH NO.	66 0891	6	CERTIFICA	ATE OF DEATH Registered No.	00 00010
M.E. CASE NO	DECEASED			2. DATE AND HOUR OF DEAT	н
(Type or Print)	Wil	liam H.	Martin	Sept. 3, 196	/ A
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admissi
FULL NAMI	E OF (If not in haspital	ar institution, give s	street	Md.	26-34
INSTITUTION	6000 Frank	stand Ave		Baltimor	e RURAL and give township) e #6
00		800000000000000000000000000000000000000		D. STREET ADDRESS (If turol, give location) 6000 Frank	ford Ave.
5. SEX	6. RACE	7. MARRIED, NEV		8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Days Hours Min
Male	White	Marr	VORCED (specify)	May 10, 1906 st birthday) 60	Monins Days Hours Min
	CCUPATION (Give kind of wor	108. KIND OF BUS	INESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ractor	Building	g Homes	Maryland	USA
3. FATHER'S N	NAME)	14. MOTHER'S MAIDEN NAME	n
	(harles	Martin		Myrtle	e Price
5. Was Decea	sed Ever in U. S. Armed Fa	rces?	SOCIAL SECURITY NO.		ADDRESS
Yes	WW2		JEGORIII NO.	Mrs. Anna Mae Martin	(Same)
18. / -	77 X I		CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DIS	DISEASE OR CONDITION DIRECTLY			D / -	2 L
(This door	LEADING TO DEATH s nat mean the made of	dvina e a	(A) DUE TO	Droncho Johnnona	> a .
heart failu	re, asthenia, etc. It means	the disease,	00 10		
injury ar o	injury or complication which caused death.)			lmman merastase	- dur.
	ANTECEDENT CAUSES		DUE TO	1 202 /	
	OR CONDITIONS, if the above cause (A)		(0)	ucuma d/14 From	to de
	ING CONDITION last.				0
7	II .			/	
E TO THE	GNIFICANT CONDITIONS (DEATH BUT NOT REL	ATED TO THE	1	re	
DISEASE	OR CONDITION CAUSING		H OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WER	E FINDINGS CONSIDERED
19A. DATE	WAS PER			IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCI	DENT WAS UNDERLYING	21 B. PLA	CE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltime	are City, give exact lacotion)
< DEATH (no	RIBUTING CAUSE OF Diffy medical examiner	home, for	rm, tactory, street,	office bldg., INJURY OCCUR?	
21D. TIME	(Manth) (Day) (Year)	(Hour) 21E, INJI	URY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At	Not Wh	ile —	
		Wark	L AT Work	A	7 ()
	ify that (I) (this hospita		P /	196 J to	19 bg
that (I) (v	we) last saw the deceas	ed alive an	sego	19 6 and that in (my) (aur) a	pinian death accurred an the
		ted above. (1) (W	e) (did) (did nat)	view the bady after death.	
23A. SIGN	ATURE 7	1 (1			23B. DATE SIGNED
A	eone tick	ants &	2c - M.D. At	rending Med. Stoff Phys	9-3-66
28C. PHYSI	CIAN'S E (Type)	-	, ,	23D. ADDRESS	
140/00	VG0026	p. J. Ric	Lart. MA	GREATER ISALTIMOR	ma Carla.
24A. BURIAL C		24C. NAME	al CEMETERY of C	REMATORY 24D, LOCATION I	City, town, or county) (State
REMOVA	rial 9/7/6	66 Balto	· Nation	al Cemetery Baltim	ore, Md.
25A. DATE REG	C'D BY HEALTH DEPT.	25B. NAME OF RE		0	
	SEP 6 1966		Fallow M. D	Leonard, J. Ruck Inc	. Balto. Md. 212
	AFI A 1900	IN COUNTY -			



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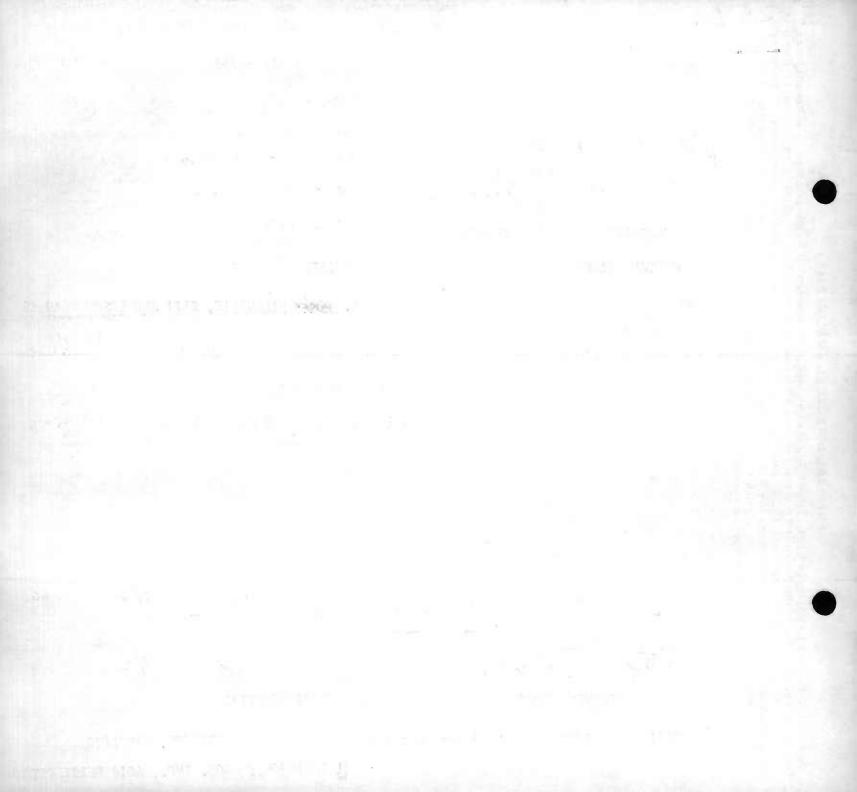
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BALTIMORE CITY HEALTH DEPARTMENT

Form from funeral director, 9/9/66

BALTIMORE CITY HEALTH DEPARTMENT

(Stote)



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VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

9/2/66

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Deceased

cause

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24D. LOCATION (City, town, or county) CHIZUK AMUNO [ARLINGTON] 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BOL DEVINSON & BROS. INC., 6010 REISTERSTOWN

VS 150-REV.

BALTIMORE CITY HEALTH DEPARTMENT

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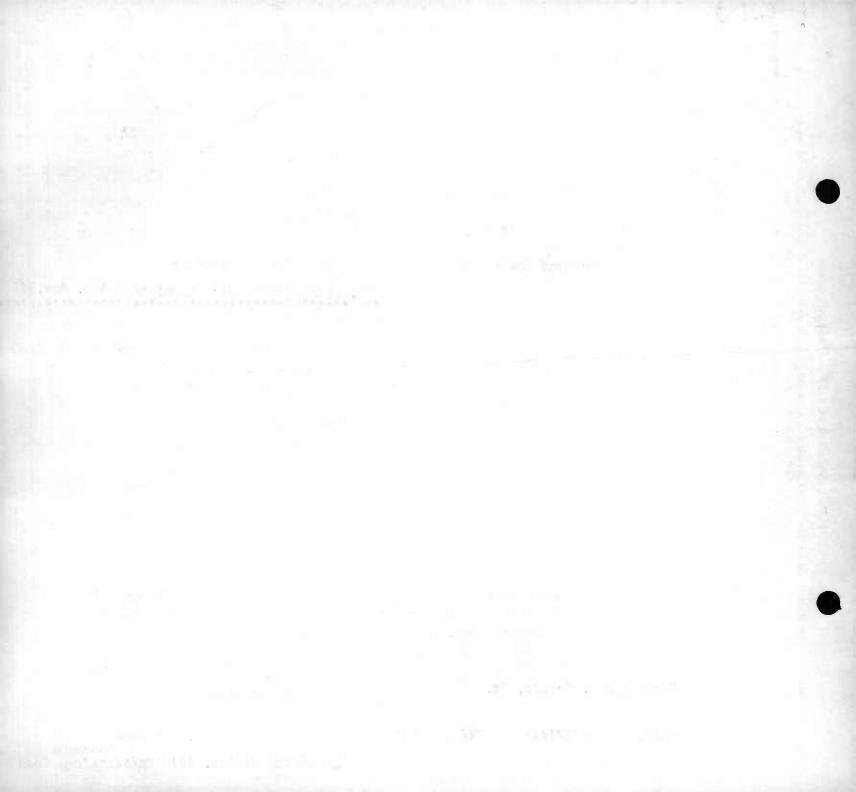
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

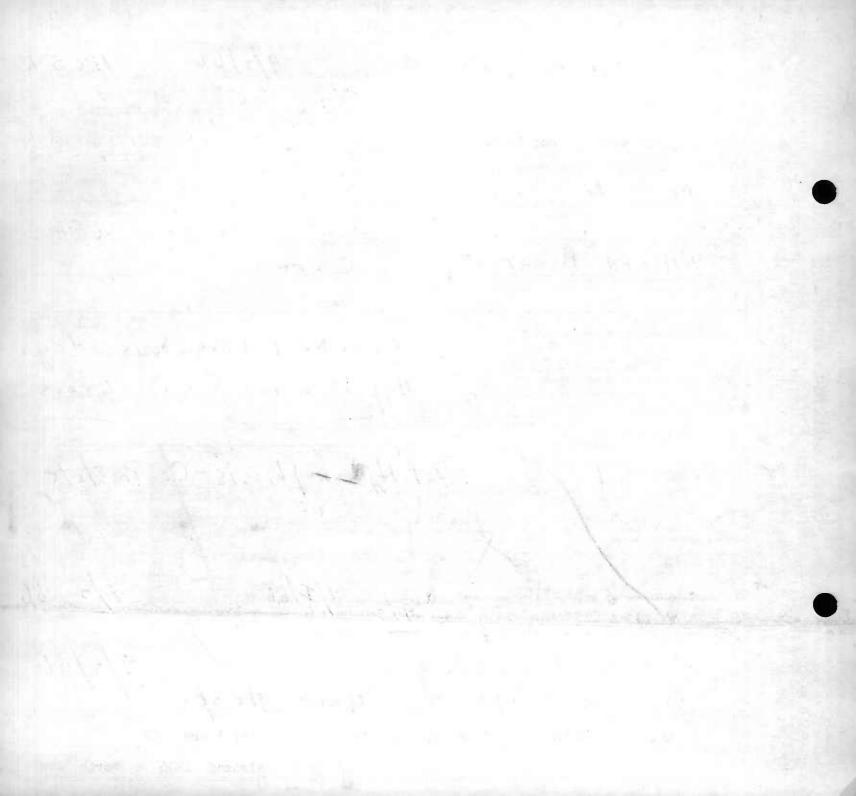


66 46000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66 US923	CERTIFICA	TE OF DEATH	Registered Na.	$-66 \cdot 08923$
M.E. CASE NO. I. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	4-
(Type or Print) Base Cohe	2 m	Sen	1. 3 19	66 11045 D
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If i	nstitution: residence before admissi
FULL NAME OF (If not in hospital or institution	ave sheet			6-03
HOSPITAL OR oddress or location)		C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
LEUNDALE, HEBREN	HOME DNA	Baltimore		
INFIRMARY-		D. STREET ADDRESS	(If rurol, give location)	
111111111111111111111111111111111111111		107 N. Col	lington Aven	ue
WIDOW	D, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
OA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
ane during mast of working life, even if retired) Housewife At	- Home	Russia		
3. FATHER'S NAME	- mome	14. MOTHER'S MAIDEN N	AME	USA
Wolf Robofsky				
	11 (00 01 01	Freda Ro	no boiley	1000000
5. Was Deceased Ever in U. S. Armed Forces? 'es,no or unknown) (II yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
		Mrs. Ida Fox	5107 Liber	ty Heights Avenue
18.600,0 1-260 X	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) \	urlmia	***************************************	
(This does not meon the mode of dying, e.g. heart foilure, osthenia, etc. It means the diseas	e, DUE TO	Α.	Α.	
injury ar complication which caused death.)		annic loude	- eschailie	
ANTECEDENT CAUSES	(B) DUE TO	varie barlen	3.10/3.000.03	
DISEASES OR CONDITIONS, if any, givin				
rise to the above cause (A) stating th	(C)	~~~~~		
II.	A - 1	maistive hes	at beiline	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	110	1 1001	9.07	
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	THE Coronary	heart disease	_, diever	2 -
	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED			IN CERTIFYING CA	CUSES OF DEATH?
OR CONTRIBUTING CAUSE OF ho		n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(A PPROY)	Vhile At Not Whi			
, w	Vork At Work		F/ -	1 3
22. I certify that (I) (this hospital) attended	·	March 16	1956 to de	M. 2 19 61
that (I) (we) last saw the deceased alive an	Sept . 3	19 6 b and	that in (my) (our) ap	inion death accurred on the
and haur and fram the causes stated above.	(I) (We) (did) (did not)	view the bady after deat	1.	
23A. SIGNATURE	18			23B. DATE SIGNED
17 cm/ w	Uning M.D. All Phy	ending Med.	Stoff Phys.	Eust. 3- 19
23C. PHYSICIAM'S NAME (Type) Ruth W	illner mo	23D. ADDRESS Levin da le	Hebrew Hor	ne and Intimor
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CR	EMATORY 124D	LOCATION (C	ity, town, or county) (State
REMOVAL (Specify)	CHARLETER OF CR	The second second		
Burial 9/5/1966	Shomrei Mishme	res	Baltimore, Mo	aryland
SA. DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR	SC. FUNERAL DIRECT	OR C Rhas 40	10 Poiston
SEP 6 1966 (P.D.76-6	F Ja Bun O	SUL LEVUISO	1 a 10/100 00	10 Reisterstown R
/S 150-REV. 1/1/6S		0 7 2 0		

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BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
	1derwood 9, 4, 66 920 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHER PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If a viside carparate limits, write RURAL and give township)
Druid Hill Park	D. STREET ADDRESS (If rurol, give locotion) 2529 BOARMAN AVE
5. SEX COLOR 1 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 9. AGE (In years lost birthday) 16. Under 1 Yr. If Under 24 Hrs. Months, Days Hours, Min.
IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
School 13. FATHER'S NAME	N Carolina U S A
Charles Underwood	Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mrs Mary Underwood 2529 Boarman Ave
IB. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	N: 0:1. \
(This does not mean the mode of dying, e.g., heart failure, a sthenio, etc. It means the disease, injury or complication which caused death.)	Drowning
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg. INJURY OCCUR? DRUID HILL PARIX - THREE SISTERS
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 9 2 66 Pm. WHILE AT NOT	WHILE Fell in water While fishing
22. I certify that I held on Inquiry Inspection A	ptopsy and that an this basis, death in my apin an
resulted fram: Natural causes Accident 🙀 Suici	de 🗌 Hamicide 🗌 Undetermined manner 🗍
ACTUAL PLANS - 57-1-	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Albrie L. Z. M.E.	ASSISTANT MEDICAL EXAMINER A Q. U. S.
EXAMINER'S NAME (Type) Werner U. Spitz, M. D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23 D. LOCATION (City, town, or county) (State)
Burial 9/8/66 Mt. Calvary 248. NAME OF REGISTRAR	Cemetry A A County Md ADDRESS
SEP 6 1986 P. J. J. E. Halley	Adolphus Halstead 1206 W North Ave
VS 151-REV. 1/1/65	0 0 0 2 7

			SALTIMORE CITY	HEALTH DEPARTMEN	IT	00 00000
BIRTH NO. M.E. CASE NO.	66 0892	5	CERTIFICA	TE OF DEAT	H Registered No	pp 08952
1. NAME OF DE	Villiam	s, Da	vid	9	2/2/66	11:05 A
3. PLACE OF D FULL NAME HOSPITAL OF INSTITUTION	OF (If not in hospital	or institution, give stre	et	A. STATE B. C	Where deceosed lived. If insount But the City Smile R	ty 1701
38	University Ho	spit al		D. STREET ADDRESS	(If rural, give (Cation)	Au-e seonge
5. SEX	6. RACE		RCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths Days Hours Min
	CUPATION (Give kind of wor of working life, even if retired)	10B, KIND OF BUSIN	ESS OR INDUSTRY	South	Carolina	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N		nepart		Carr		
15. Was Decease (Yes, no or unknov	ed Ever in U.S. Armed For wn)(If yes, give wor or dote	rcen? 16. SO ses of service) SE	CIAL CURITY NO.	17. INFORMANT		ADDRESS
18.44	ASE OR CONDITION DI	7 X	CAUSE O		Thrombo	INTERVAL BETWEEN ONSET AND DEATH
DISEASES rise to t UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) NG CONDITION last.	any, giving stating the	(B) Hy	bertensi	re CVI	years
TO THE	DEATH BUT NOT RELA	ATED TO THE B	OPERATION V	20A. AUTOPS! (Yes	nos 15 - Ca or No) 208. IF YES, WERE F	INDINGS CONSIDERED
_ OR CONTRI	ENT WAS UNDERLYING DESIGNATION DESCRIPTION OF	21 B. PLACE	OF INJURY (e.g., i factory, street, a	n or obout 21 C. WHERE D	ID (If in Baltimore	City, give exact location)
21 D. TIME OF INJURY (APPROX.)	fy medical examiner) (Month) (Doy) (Year)	(Hour) 21 E. INJUR While At	OCCURRED Not Whill Al Work	e	NJURY OCCUR?	1
that 🎒 (we	y that (this hospita e) last saw the decease nd fram the causes sta	ed alive an	9/2			ian death accurred an the
23C. PHYSIC	wida	Shop	Att. D. Att.	ending Med.	Stoff Phys.	9/2/66
Da V	Ild A. S	haffir	M.D.	Univ.	Ho Spe	y, town, ar county) (Stat
Burial	(Specify)			etry		/d
	SEP 6 1966	258. NAME OF REGI		25C. FUNERAL DIRE		W North Ave
VS 150-REV. 1/1			- 1 ·	1092	Q .	



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> I INS I BREENING HIEMANY PALTIMERE MIG 21224

> > KATHARYEL GONGE

Jene 25,1838 48

BARTHORES

PALTIMERE NOW SERVICE

MARTHA PERRY

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SERVE TO SHEET

DIEST-1834 APELITO M. TERROSMIN. WILLIAM

PESSIBLE RAPICER METASTALLS TE 6246 6-5

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	De or Print)	STANL	FY. F.	RIC H.		AND HOUR OF DEATH		
3. 1	PLACE OF DEA	ATH IN BALTIMORE, M	ARYLAND	7//	4. USUAL RESIDENCE (W	here deceased lived. If	institution; residence before	
	FULL NAME O	AE AS mas in bosois	al as imatitutina		MARYLAND.	ST. MARY	s 68-	
- 1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION				C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	113111011011				LEXINGTON	PARK		
3	THE .	JOHNS HOPK	INS Hos	SPITAL		(If rural, give location)		
3:	3				331 YORKT			
	MALE	6. RACE	WIDOWE W/	DOWED (specify)	5-26-03	9. AGE (In years lost birthdoy)	Months Days Hou	
		UPATION (Give kind of w working life, even if retired		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fe	oreign country)	12. CITIZEN OF WHAT COUNTS	
	Carpente		U.S. 8	Steel Corp.	England		USA	
13.	FATHER'S NAM	ME			14. MOTHER'S MAIDEN N	IAME		
	BENJAN	MIN Stanl	ey		MARTHA DAV	18		
15. (Yes	Was Decaused	Ever in U. S. Armed I	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	XX YES	NAVY WWI	I	JECONIII NO.				
	18. 4 9	2, X1		CAUSE	OF DEATH		INTERVAL B	
	DISEAS	SE OR CONDITION					ONSET AND	
	(This door a	LEADING TO DEAT		(A) IN	TRACEREBRAL	ABSCESS	2 170-	
	heart failure,	asthenia, etc. Il mea	ns the disease	, 500 10				
		aplication which cause		(B) P)	NEUMONITIS		4 170	
				DUE TO	சிக்கில் கிகையையாக கிக்காவ வார்கு நிகிகில் கடைக வ வ வடைய வடி வடுகுகுத்து வடி ஒரு இதி)		
	DISENSES C	OR CONDITIONS, if						
		e abave cause (A	() slaling the	(C)				
		e abave cause (A G CONDITION last,	A) slaling lhe	(C)				
MOIT	DTHER SIGNI	G CONDITION last.	CONTRIBUTIN	G				
RTIFICATION	DTHER SIGNI	G CONDITION Iasi. II IFICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING OPPERATION 1998. CC	CONTRIBUTING LATED TO THE ST.	IG HE WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE AUSES OF DEATH?	
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MEDICAL CERTIFIC	UNDERLYING DTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	FICANT CONDITION ISS. II IFICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING OPERATION 198. CO OPER	CONTRIBUTION LATED TO THE SIT. SIT.	WHICH OPERATION ABSCESS B. PLACE OF INJURY (e.g., ne., form, foctory, street, of the control of the deceased from the d	21F. HOW DID I	INJURY OCCUR? 19 66 ta 3 that in (my) (aur) ap h. Sloff Phys. HNS HOPKINS	238. DATE SIGNED 3 Sept 238. DATE SIGNED 3 Sept S HOSPITAL City, town, or county)	

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istant if death occurred in a hospital and he direct or contributing cause of death	cind; (4) Undetermined cause; (5) Deceased	death was in regular attendance on the	obtained before the remains are embalmed or final disposition is made.
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cent	VS: (D.0	ten
This	shov	Was	written approval must be
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

CC BC000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000	
BIRTH NO. 66 U8928	CERTIFICA	TE OF DEATH	Registered Na	66 08928	
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) JOHN JAMES DREHOFF	. SR.	1	and hour of Death	5:15 P M	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI		stitution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) INSTITUTION	street	MARYLAND	2	URAL and give township)	
ST. AGNES HOSPITAL CATON AND WILKENS AVENUE	S	D. STREET ADDRESS (If rurol, give location)			
BALTIMORE, MARYLAND 212	29	2316 SIDNEY	AVENUE		
SEX 6. RACE 7. MARRIED, NE	DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
one during most of working life, even if refired) STOCK CLERK UNIVER	SAL MACH.			12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME WENSISLAUS CO.		14. MOTHER'S MAIDEN N			
JAKES DREHOFF (DECID)		MARY KANDEL	E (DEC'D)		
Yes, no or unknown) (If yes, give wor or dotes of service)	social security no. 16054732			OFF,SAME AS 4d S-CATON &WILKEN	
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ties to the abave cause (A) stating the UNDERLYING CONDITION last.	(A) DO	eforalite P. eptic Ulcer p laleras pul	er tonilis er teralin n. atelecte	~-, J	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (YE'S OF	Noll 20B. IF YES WERE F	INDINGS CONSIDERED	
EB 8 30.66 WAS PERFORMED	1.10.		IN CERTIFYING CAL	ISES OF DEATH? Yes	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	ACD OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Battimore	City, give exact locotion)	
-	At Work	21 F. HOW DID II	NJURY OCCUR?		
22. I certify that (1) (this haspital) attended the attended the (1) (we) last saw the deceased alive an	9-02				
23A. SIGNATURE				23B. DATE SIGNED	
Im fall andi	M.D. Atte	ending Med. Director	Stoff Phys. X		
23C. PHYSICIAN'S MM M. N. HATTARK		23D. ADDRESS		10005. Caton Ave	
24A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specify)	E of CEMETERY of CR	EMATORY 24D.	LOCATION (Cit	y, town, or county) (Stote)	
	ON PARK CEM	ETERY	BALTIMORE,	MARYLAND	
a market and	Ja looks			ILKENS AVENUE #29	
VS 150-REV. 1/1/SEP 6 1968 P. J. J. S	The state of the s	10 3 3 19			

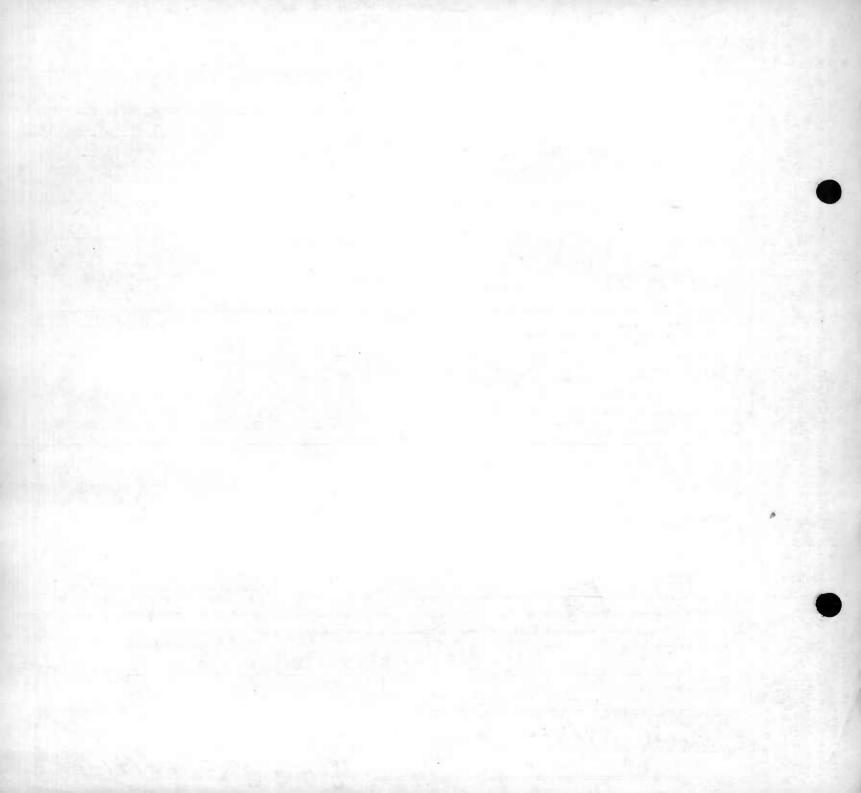
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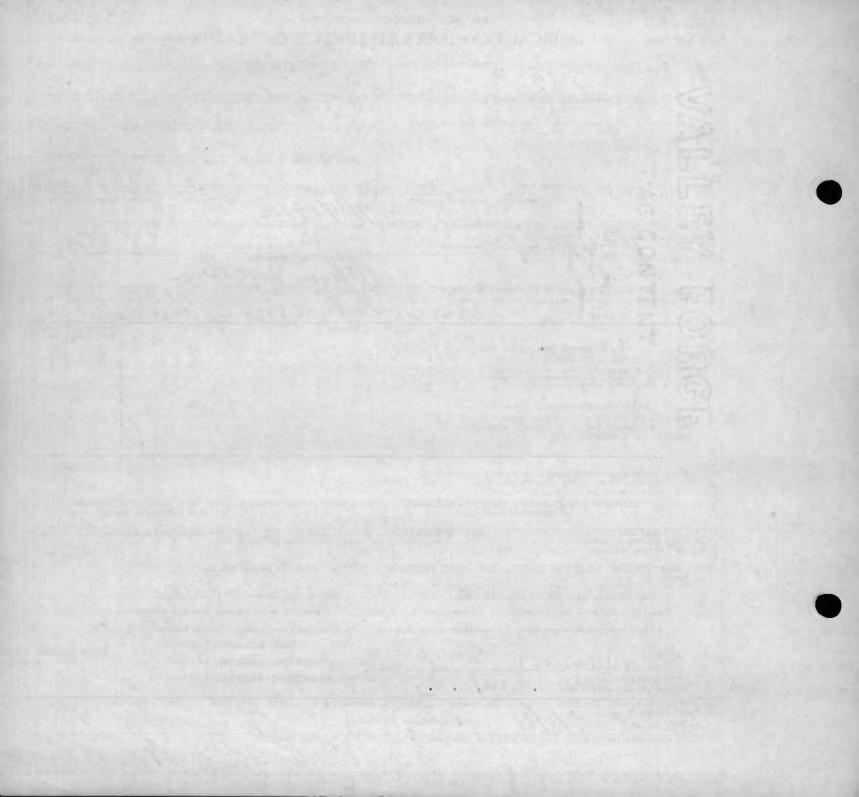
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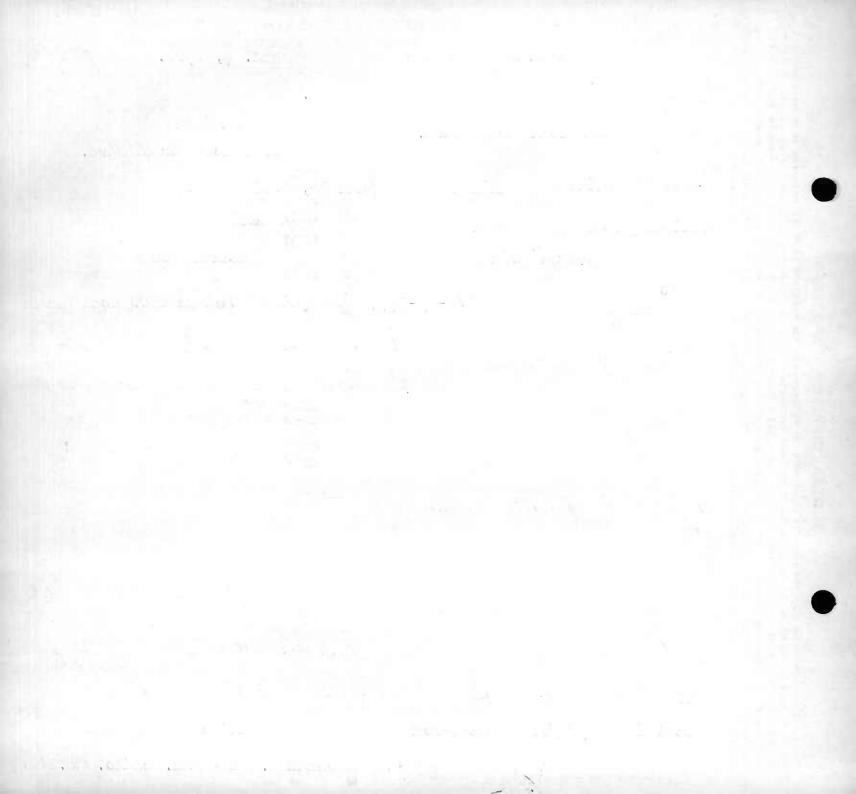


MEDICAL EYAMINED'S CEDTIEICATE OF DEATH Project

BIRTH NO. MEDICAL EXAMINER'S CI	EKTIFICATE OF DEATH Registered No.					
M.E. CASE NO.						
1. NAME OF DECEASED CAURA W. DORSE	1 3 CP 1 7 CP 10 - 17 M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
HOSPITAL OR ADDRESS OR LOCATION)	Rollimore 5-101					
1210 Edythe Street	D. STREET ADDRESS (If rurol, give locosion)					
0.9	1210 Edythe Street					
5. SEX Female Colored 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.					
done during most of working life, even if retired)	17. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Heury	Olivia Jackson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT REST 158					
212-20-7668	Beatuce Dozier Ches people va					
IB. 4 9 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TRANGULATION					
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
Z (C)						
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED						
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
ZIA, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in one, form, foctory, sheet, o	in or obout 2 C. WHERE DID (If in Bollimore City, give exact location)					
UTING CAUSE OF DEATH.	1210 Edythe St., Balto.					
2 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?					
	WHILE Beaten and strangled					
22. I certify that I held an Inquiry Inspection Aut	opsy ond that an this bosis, deoth in my apinian					
resulted from: Natural causas Accident Suicide Homicide Undetermined manner						
ACTUAL 1404 0 1 50-6	CHIEF MEDICAL EXAMINER DATE SIGNED					
SIGNATURE AUTULT h. C. M.D.	ASSISTANT MEDICAL EXAMINER					
EXAMINER'S Werner U. Spitz/M. D.	ASSOCIATE MEDICAL EXAMINER Sep 4, 1) 64					
23G. NAME of CEMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CEMATERY O	10/11/11/04					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	PAC. FUNERAL DIRECTOR ADDRESS					
2 7 B	Charles Off: Mul Ranno					
SEP 6 1966 POLL E. COMPAN	manes a face both to const					



Langebournay Water Front Portsmooth, Virginia 8 4707 LANDY BY THE STATE OF THE STATE BME(O) - BUT GUEL CETERON COME PERMANDUM PERMANDUM PERMANDUM Burne 9/3/66 Habites Hameine Park Habetes Butte Co Pal HERSELT E. NOTTER BOCK WARRING HALL



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

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1	A.E. CASE NO.		DICAL EXAMINER'S	CERTITICA	L OI DEATH	
{ c	NAME OF DEC				2. DATE AND HOUR PRONOUNCED DEAD	
		CHARI	LES L. JENK WHERE PRONOUNCED DEAD		September 5, 1966 3:15	1470
	. TEACE IN DALI	MARIEAND,	WHERE PRONOUNCED DEAD	LA STATE	ENCE (Where deceased lived. If institution: residence beauty B. COUNTY	erare aamission)
H	ULL NAME OF IOSPITAL OR NSTITUTION	ADDRESS OR LOC		c. CITY OR TOV	VN (If outside corporate limits, write RURAL and give altimore	tawnship)
	99/4	Union Memora	ial Hospital (DO	1	RESS (If rural, give lacation)	TO THE
5	. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRT		Under 24 Hrs.
	Male	White	WIDOWED, DIVORCED (specify)	Dec. 16,	last birthday) Manths, Days	Haurs Min.
		JPATION (Give kind of we warking life, even if retired	ork 108. KIND OF BUSINESS OR INDUS			JTDV?
	Salesm	on	Elec. Power Tool		and U.S.A.	
13	3. FATHER'S NAM			14. MOTHER'S M	t Lakin	
1:	JACIN S. WAS DECEASED	W Jenkin.	ED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS	
(Y	'es, na arunknawn) //	(If yes, give wor ar do	stes of service) SECURITY NO.			A
-	yes 18.	wii	CAU	SE OF DEATH	Poris Jenkins 4314 Kolb	AL BETWEEN
200	DISEAS	I SE OR CONDITION I		JE OF BEATH		AND DEATH
		LEADING TO DEAT	rh (A) Arte	rioscleroti	c cardiovascular disease	
	heart failure,	asthenia, etc. It mean mplication which caused	ns the disease.			
100	A	NTECENDENT CAU	SFS			
	DISEASES (OR CONDITIONS, IF E ABOVE CAUSE (A)	ANY, GIVING (B)			
	UNDERLYIN	G CONDITION LAST	. (C)			
	OTHER SIGN	10	10/			
	TO THE	NIFICANT CONDITION DEATH BUT NOT R R CONDITION CAUSIN	RELATED TO THE			******************
	and a second		ERFORMED	20A. AUTOPSY Yes	? (Yes at Na) 208. IF YES, WERE FINDINGS CONSIDER IN CERTLEYING CAUSES OF DEATH? YES	RED
2) /					
	21A. EXTERNAL UNDERLYING	OR CONTRIB-	hame, farm, factory, street, etc.)	affice bldg. INJURY	/HERE DID (If in Baltimare City, give exact lacation) OCCUR?	
140101	21A, EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	hame, farm, factary, street,	affice bldg. INJURY	OCCUR? OCCUR? OCCUR?	
0 140101	21A, EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB- SE OF DEATH.	hame, farm, factory, street, etc.) (ar) (Haut) 21 E. INJURY OCCURRE WHILE AT NO	affice bldg. INJURY	OCCUR?	
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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EXISTRA SEAT

SEP VS 151-REV. 1/1/65

GE	08936	BALTIMORE CITY	HEALTH	DEPARTMEN	T		66 0	18936	,
BIRTH NO.	MED	ICAL EXAMINER'S	S CER	RTIFICAT	E OF	DEATH Registe	ered Na	/000()
M.E. CASE NO.					X				
1. NAME OF DE		Stephen XXXXXXX	-(Ste	pien)		HOUR PRONOUNC			
	RAND					mber 4, 196		11:00	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. A	CTATE		deceosed lived. If ins	Intution; reside UNTY	nce belore	admis sion
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	T		nnsylva	IILă e corporote limits, writ	- 011001 4		h:-)
HOSPITAL OR	ADDRESS OR LOCA	ATION)				e corporore limits, will	e KU KAL ONG	give towns	пір/
Mark III		_			nhall				
31.0	City Hospital	1 (D		. STREET ADDR					
3/67						rginia Aven			
5, SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		DATE OF BIRTH	1	9. AGE (In years lost birthdoy)	If Under 1 Months D	Yr. If Und	er 24 Hrs s , Min.
Male	White	Single		May 8	1951	15			
		HOR KIND OF BUSINESS OR IND	OUSTRY 11.	BIRTHPLACE	State or foreig	n country)	12. CITIZEN		
Studen	working life, even if retired)			Marr Va	-la C4+			COUNTRY?	
13. FATHER'S NA	ME .		14.	New Yo	AIDEN NAME		0.8	i.A.	
Walter	Stephen ED EVER'IN U.S. ARMED	D FORCES? 116. SOCIAL	17	Mary Si	lagyi		ADDRESS		
(Yes, no of unknown	n) (If yes, give war or date	es of service) SECURITY NO.							
			I	Brzezins	ki Fune	ral Home. E	Brooklyn	n.N.Y.	
1B	334	-499 X C.	AU SE O	F DEATH				NTERVAL B	
DISEA	SE OR CONDITION D	IDECTIVA						ONSET AND	DEATH
Distr	LEADING TO DEATH	H Dro	ownin	g during	epiler	tic seizure	2		
(This does	not mean the mode of	dving e.g.,	••	· · · · · · · · · · · · · · · · · · ·	, i				
injury or co	e, osthenio, etc. It meons emplication which coused	deoth.)							
	ANTECENDENT CAUS	ec							
	OR CONDITIONS, IF	(R)							
RISE TO TH	HE ABOVE CAUSE (A) S	TATING THE							
	NO CONDITION LASI.	(C)		••••					
<u>ō</u>	H H								
OTHER SIC	INIFICANT CONDITIONS	CONTRIBUTING							
	DEATH BUT NOT RE								
19A. DATE O		NOTION FOR WHICH OPERATION	V	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE F	INDINGS CO	NSIDERED	
0	WAS PER	RFORMED		Yes		IN CERTIFYING CAU	SES OF DEA	TH?	
ZIA, EXTERNA	L CAUSE WAS	218. PLACE OF INJURY	(e.g., in c						
UNDERLYING	SOR CONTRIB-	home, form, foctory, str	treet, offic	e bldg., INJURY	OCCUR?				
	JE OF BEATH.	Midale K				ver Baltimon			
OF INJURY	(Month) (Day) (Yea				DENI DID INT	RY OCCUR? Pres	sumably	fell	into
(APPROX.) 9.	-4-66 9:00-10	:15 A WHILE AT	NOT WH	Wa Wa	ter dur	ing epilep	tic sei	zure	
22.									
l ce	rtify that I held an	Inquiry Inspection	Autap	sy X and	that an thi	s basis, death in	my apinian		
resu	Ited from: Natural co	Accident X S	uicide	Hamici	de L	Indetermined mann	er		
	00 0	700=		CHIEF MI	EDICAL EX	AMINER _		DATESI	CHED
ACTUA		J'1	u n A	SSISTANT MI	EDICAL EX	AMINER X		DATE SI	GNED
SIGNAT				SSOCIATE M			eptembe	r 5.	1966
NAME		S. Springate, M.D	• ^	JJOCIA I L M	LDICAL L	CAMITY ETC.		,	
23A. BURIAL CR REMOVAL (Speci		23C. NAME of CEMET	TERY or C				, town, or co	unty)	(Stote)
Buria	BY HEALTH DEPY 66	Most Holy	Trini	ty Cem.	Break DIRECTOR	ooklyn, N.Y.	AD	DRESS	
	OFD & HOPE	00 10 50 1	P.N.						
	SEP 6 1900	1 0 5 4 0	13	Leonard	d J. Rue	ck, inc. 530	5 Harfe	rd Rd.	
VS 151-REV. 1/1	/65 N Q . A	177004		0 9	0 7				

Breneflatt Migers Read Bear, Beschien, ... dooned to busining the manner than the business the

201		00 00020	BALTIMORE CITY HE	ALTH DEPARTMENT	F	66 08937
₹.		1TH NO. 66 08937	CERTIFICATE	OF DEATH	Registered No.	70 00007
	1. N (Ty	E. CASE NO. NAME OF DECEASED PLACE OF DEATH IN BALLMORE, MARYLAND		USUAL RESIDENCE (Where of	HOUR OF DEATH	ion: residence before admission)
		FULL NAME OF (If not in hospital or institution, given and institution) and oddress or location)		CITY OR TOWN (If outsid Baltimore STREET ADDRESS (If THIS	e city limits, write RURA	L ond give township)
		BON Secours Hosp.	,	1403 KNEC	htAve.	
		M White Mark	DIVORCED (specify) RICHARD BUSINESS OR INDUSTRY 11.	7/2/1903 105	birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. Min. Min.
	dor	Super Visor Big Bay FATHERS NAME	Rigging Co	Balti MORE MOTHER'S MAIDEN NAME	2	WHAT COUNTRY?
	15. (Ye	Wos Deceased Ever in U. S. Armed Forces? Is, no or unknown (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	Margaret INFORMANT MRS. HET	Glick NRIETTA DORSI	
			213-03-8519	Hamission	v Shee	F ST
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	(A) Ure		to Nephrosis	INTERVAL BETWEEN ONSET AND DEATH
		injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(B) DUE TO			
	ATION	UNDERLYING CONDITION 10st. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
	CAL CER	OR CONTRIBUTING CAUSE OF home,	PLACE OF INJURY (e.g., in or e, form, foctory, street, office	obout 21C. WHERE DID bidg., INJURY OCCUR?	(If in Boltimore Cit	y, give exoct locotion)
	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. I OF INJURY (APPROX.) While Work		21F. HOW DID INJUR	Y OCCUR?	
		22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive on and haur and from the causes stated above. (I)	Sept. 5		in (my) (our) apinion	deoth occurred on the date
		23A. SIGNATURE	M.D. Attendin	ng Med. Sto	off 23E	9 5 66
יייייייייייייייייייייייייייייייייייייי		23C. PHYSICIAN'S NAME (Type) AMABLE A. MEND	00 ZA M.D.	BON SECOU		
3	124	REMOVAL (Specify)	ME of CEMETERY OF CREMA RRAINE PARK CEM			MARYLAND
		A. DATE REC'D BY HEALTH DEPT. SEP 6 1966 Recent	E FORDINAR	25C. FUNERAL DIRECTOR HOWARD H. HUBB.	ARD, 4107 WI	LKENS AVENUE 2122
	VS	150-REV. 1/1/65	1 Sul Sul Sul 1	0		

Uremin die is Nepuis

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

258. NAME OF REGISTRAR

of death Deceased

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BALTIMORE CITY HEALTH DEPARTMENT 66 08938 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) September 1, 1966 4:20 a. M. FRANK J. TOMSIK 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Md. (If not in hospital or institution, give street HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give lawnship) INSTITUTION Baltimore 401 N. Belnord Ave., D. STREET ADDRESS (If rurol, give location) Baltimore, Md. 21224 401 N. Belnord Ave. 5. SEX 6. RACE 9. AGE (In years 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 His. WIDOWED, DIVORCED (specify) lost birthdoy Hours 4/11/14 white married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? self-employed Grovery Business Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Tomsik unknown 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. W.W.2-Army 216-01-4764 Ella Zingor Tomsik, wife, above ves INTERVAL BETWEEN ONSET AND DEATH Lypertersine C.V. dis. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Coronary DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examined MEDIC 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY While At Not While I (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram..... 9-1-66 that (1) (we) lost sow the deceased alive on,19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (i) (We) (did) (did not) view the body ofter death. 23A. SIGNAT 238 DATE SIGNED Attending M.D. Med. Stoll Director Phys. 23C.PHYSICIAN'S 23 D. ADDRESS NAME (Type) Moses 448 N. Luzerne Ave. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specily) 9/3/66 Holy Redeemer Cemetery Burial Baltimore, Md.

> 25C. FUNERAL DIRECTOR chimunek 2601

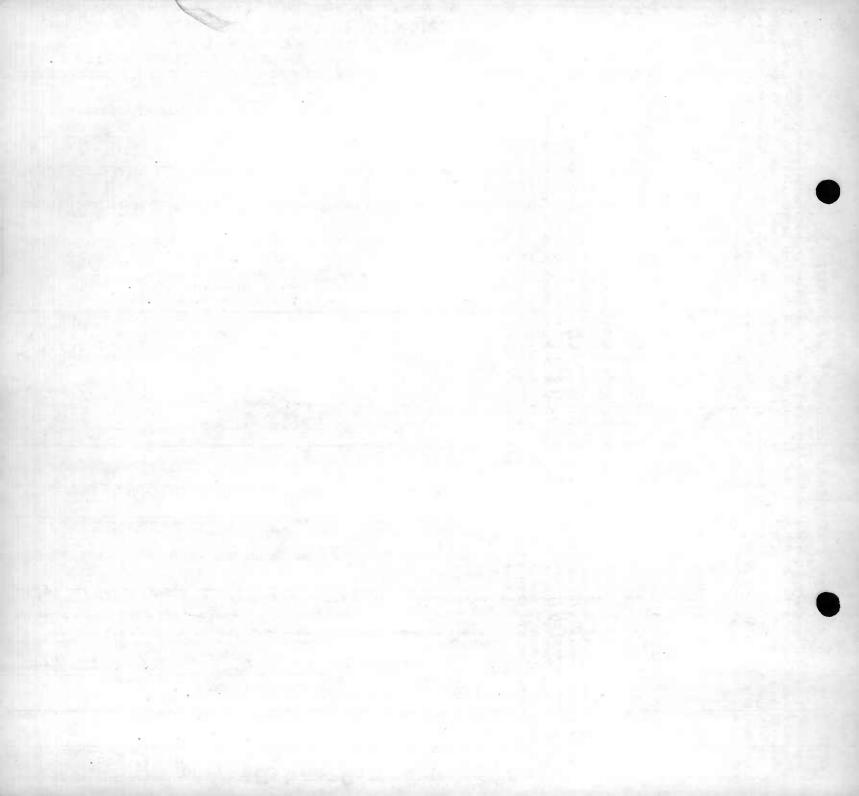
Funeral Home, E. Madison St

Cornery Thronbers

IMPORTANT

FUNERAL DIRECTOR:

AL CASE NO.	EASED		2. DATE AN	ID HOUR OF DEAT	Н
ype or Print)		EDNA MOLER			.966 7:30 a.
FULL NAME OF	F (If not in hospital or oddress or location)	institution, give street	Md. 212	213	institution: residence before odmiss
Har:	ford Gardens	Nursing Home	Baltimor		e RORAL ond give township)
90				rdenas Av	re.
female	White 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	8. DATE OF BIRTH 7/11/86	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
one during most of v	vorking lite, even if retired)	Emerson Hotel	Baltimore,	Md.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	oward R. Tip	oton	Annie	E. Sippe	1
5. Was Deceased (es, no or unknown)	Ever in U. S. Armed Force: (If yes, give wor or dotes	s? of service) 16. SOCIAL SECURITY NO. 217-14-1470	17. INFORMANT 3436 Edna May She		
heort foilure,	of meon the mode of dosthenio, etc. It meons th	ying, e.g., DUE TO	revou ouruly	n Throng	you parti
DISEASES Orise to the UNDERLYING	osthenio, etc. It meons the plicotion which coused described the course of the course	ly, giving toling the (C)	hro Solisonis		
heort foilure, injury or com A DISEASES Of ise to the UNDERLYING OTHER SIGNIT TO THE DE	osthenio, etc. It meons the plicotion which coused described the coused of the couse of the cous	NTRIBUTING ED TO THE	violation -)] 20B, IF YES, WER	REFINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OF THE DESCRIPTION OF T	osthenio, etc. It meons the plicotion which coused described by the course of the cour	NTRIBUTING ED TO THE	20A. AUTOPSY? (Yes or No	D) 208, IF YES, WER	RE FINDINGS CONSIDERED
DISEASES OF THE DESCRIPTION OF T	osthenio, etc. It meons the plicotion which coused described by the plicotion which coused described by the plicotion which coused described by the plicotion of the plicotion could be presented by the plicotion by the plicotion could be presented by the plicotion by the plicot	NTRIBUTING ED TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WEF IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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AA E CACE NO		CERTIFIC	CATE OF DEATH X Registered No.	66 08940
M.E. CASE NO.	EASED		2. DATE AND HOUR OF DEATH	
(Type or Print)	Cornelia L	ucas	9-2-66	5:40
	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceosed lived, If i	
FULL NAME O	F (If not in hospital oddress or location	l or institution, give street on)	A. STATE B. COUNTY NewYork C. CITY OR TOWN (If outside city limits, write	V-29
INSTITUTION			New York D. STREET ADDRESS (If rurol, give location)	
	ns Hopkins	Hospitalv	3311 108th St. Coro	na
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIYORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under Months; Doys Hours;
Female	Negro	Widowed	12-08-01 64 hdoy	Tours Doys Hours
IOA. USUAL OCCU	JPATION (Give kind of wor	1 108 KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF
Beauti	working life, even if retired) . C1an	Hair Dressing	Virginia	WHAT COUNTRY?
13. FATHER'S NAA	ΛE		14. MOTHER'S MAIDEN NAME	
James	Lewis		Cora Campbell	
5. Wos Deceased	Ever in U. S. Armed Fo	orces? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown	(If yes, give wor or dot	les of service) SECURITY NO.		
No			Chas.F.Lewis 1104 N.	Mount St.
18.5 7	2.11		OF DEATH	INTERVAL BETWE
DIŠEAS	E OR CONDITION DI LEADING TO DEATH	I Ca	rdiae Arrest	20 min
heart failure,	ol mean the mode of asthenia, etc. It means	s the disease		
, , , , ,		117		
	ANTECEDENT CAUSE	(B) 111	herosclerolic Cardiobascular	Unknown
	ANTECEDENT CAUSES	S (B) f(C)	Heart Discuse	Unknown
DISEASES C	OR CONDITIONS, if	S (B) (III	herosclerolic Cardiovascular Heart Discuse	Unknown
DISEASES C		S (B) (I(C) (DUE TO) Only, giving slaling like (C)	herosclerolic Cardiovascular Heart Discuse— Diverticulosis	Unknown
DISEASES O	OR CONDITIONS, if above couse (A) CONDITION last.	slating the (C) CONTRIBUTING	herosclerolic Cardiovascular Heart Discuse— Diverficulosis	Unknown
DISEASES OF THE DISEASES OF TH	OR CONDITIONS, if a obove couse (A) CONDITION last. II FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CON	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION	Diverficulosis	Unknown
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DISEASES OF THE PROPERTY OF THE DISEASE OR THE DISEASE OR THE DISEASE OR THE DISEASE OR CONTRIBUTE OF CONTRIBUTE O	PR CONDITIONS, if a obove couse (A) CONDITION last. FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 1998. CON WAS PER CONDITIONS (CONDITIONS) (C	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REPORMED ACCUSES WITH ACCUSES 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
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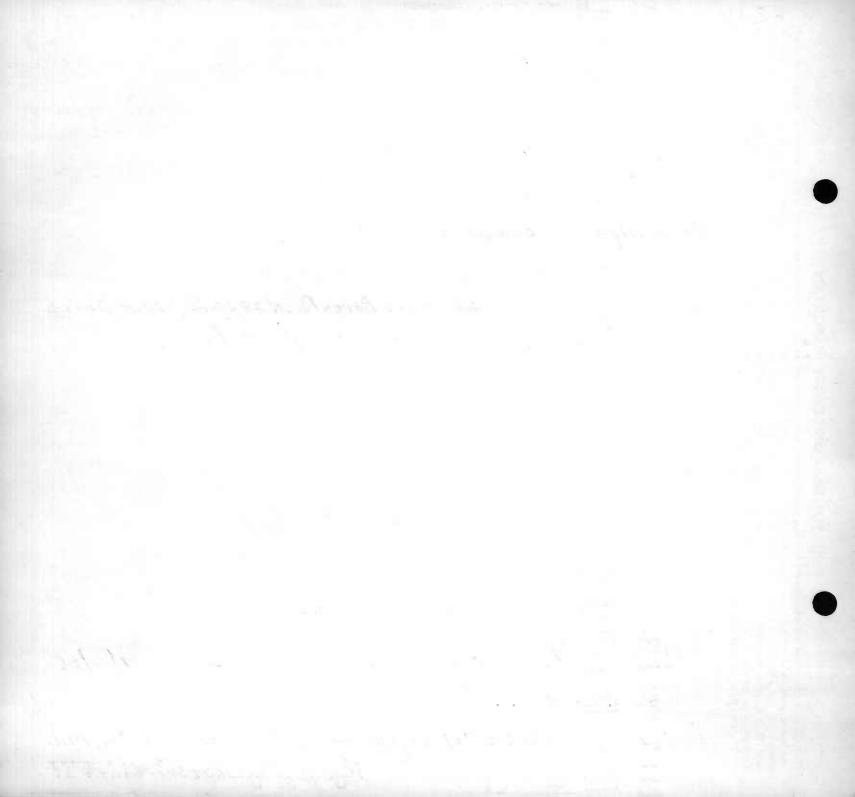
BALTIMORE CITY HEALTH DEPARTMENT

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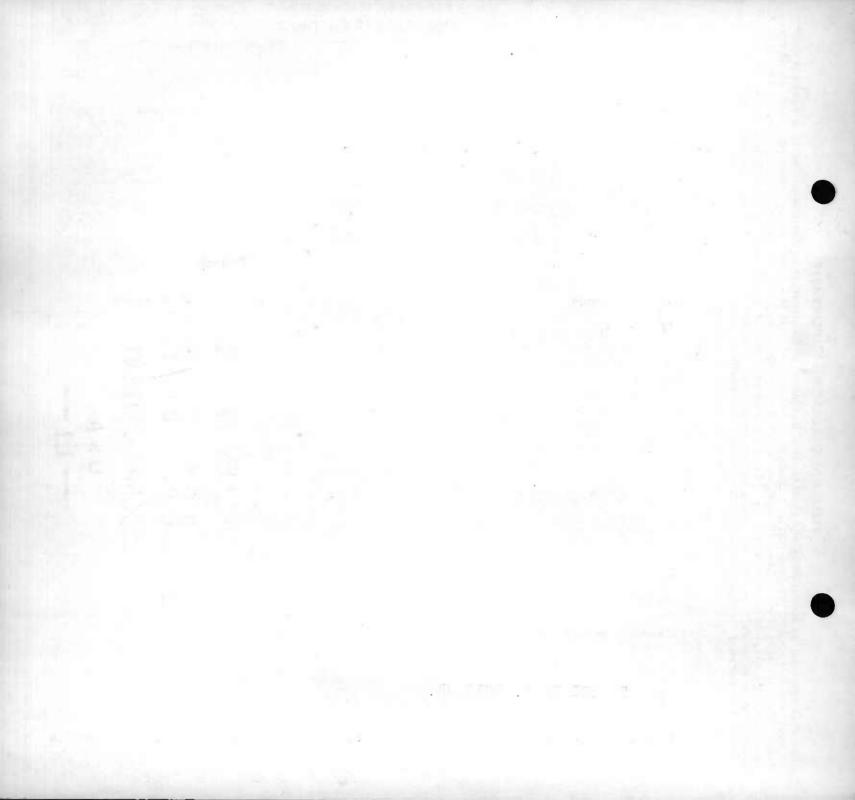
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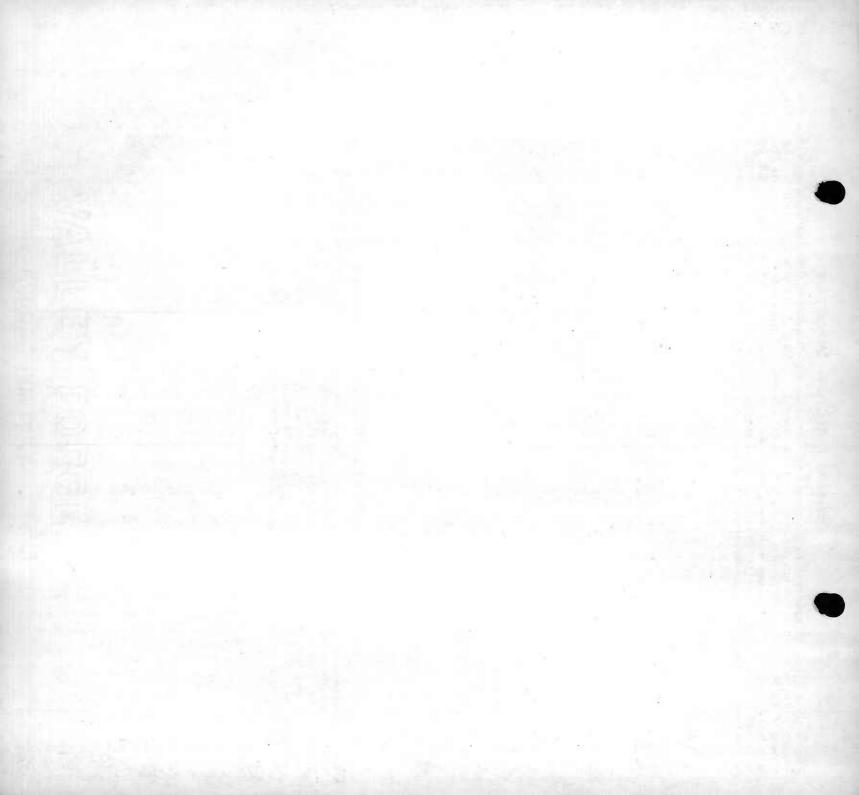
FUNERAL DIRECTOR: IMPORTANT

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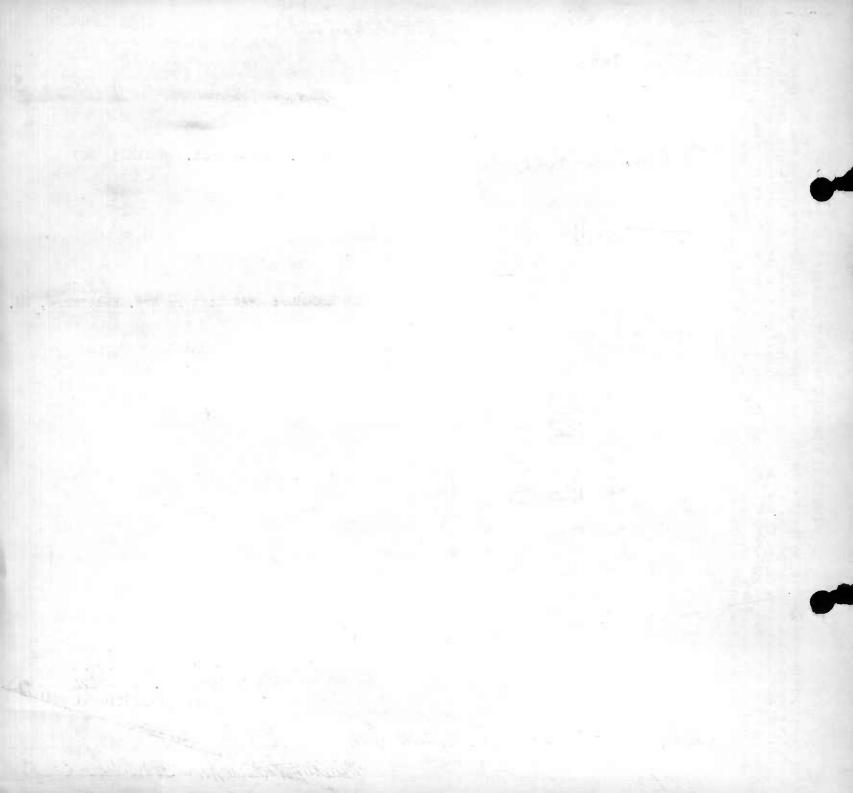
BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ CERTIFICATE OF DEATH Such M.E. CASE NO.

1. NAME OF DECEASED

(Type of Pant)

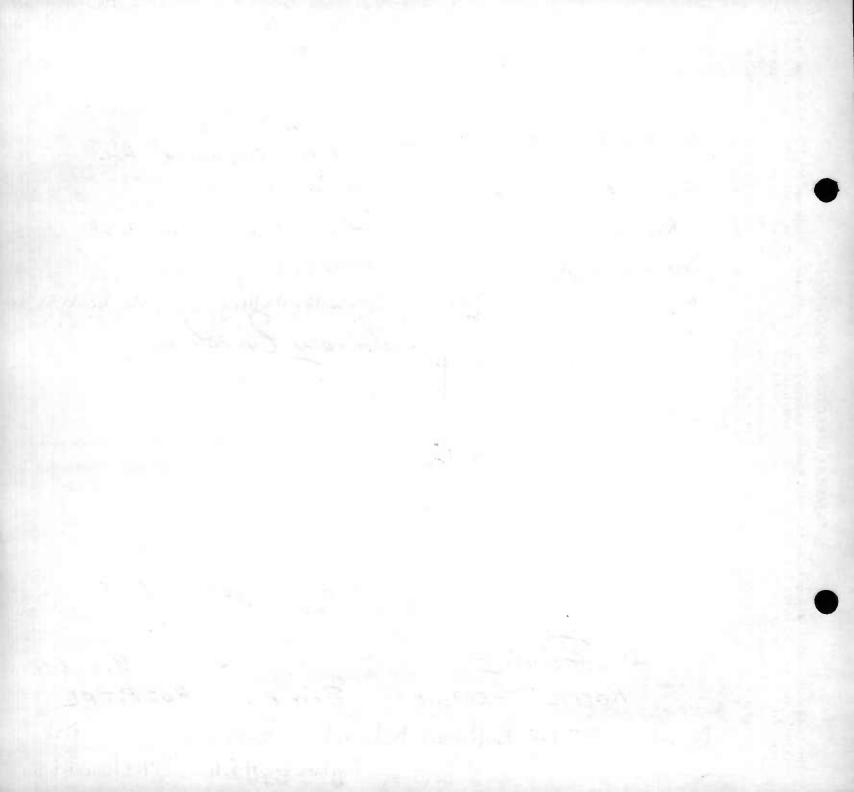
(Type of Pant) 2. DATE AND HOUR OF DEATH 12 mence Cephas 660 Dennis 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN Af outside city limits, write RURAL on give ermore prior (If rurol, give location) 940 Eastern Avenue # 21223 007 312 N. Schroder St. Baltimore, Maryland disposition is made. If Under 1 Yr. If Un 9. AGE (In veors If Under 24 Hrs. 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH 6. RACE deceased lost birthdoy WIDOWED, DIVORCED (specify) 29-92 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Gide kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) USA 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME Flizabeth Norris LO 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT APPRESS 21224 final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance BCH RECORDS: 4940 Eastern Ave. Baltimore, Md. not known MO CAUSE OF DEATH 20 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., embal hearl failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost. remains 11 CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE molia DISEASE OR CONDITION CAUSING IT. the 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes before 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct locotion) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ŝ AL DEATH (notify medical examiner) MEDIC 21 F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED (Month) (Doy) (Year) (Hour) 9 OF INJURY Not While White At (APPROX.) At Work Work and 66 22. I certify that (1) (this haspital) attended the deceased from 19 66 9/2 that (1) (we) last saw the deceased alive on. death) and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23 B. DATE SIGNED 23A. SIGNATURE Attending M.D. Med. 0 Phys. pproval prior 23D. ADDRESS 23C. PHYSICIAN'S Eastern Ave NAME (Type BRUCE M Md M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMPTERY OF CREMATORY 24D. LOCATION (City, town, or county) deceased REMOVAL (Specify)

and that in(my)((aur)) apinian death accurred an the date 25A, DATE REC'D BY HEALTH ADDRESS VS 150-REV. 1/1/65



VS 150-REV.

1/1/65



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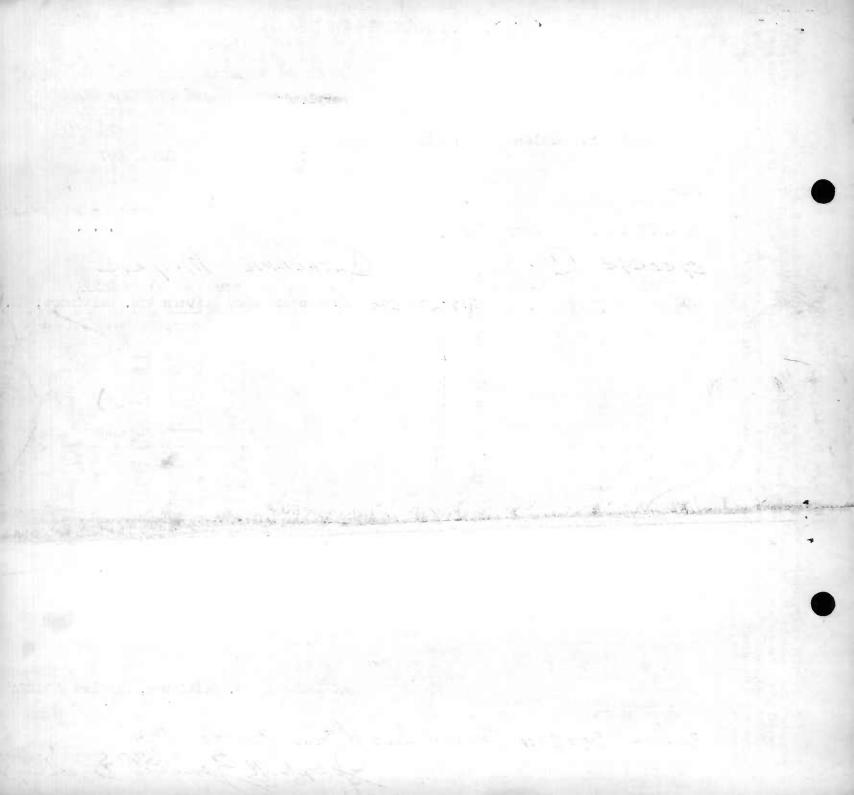
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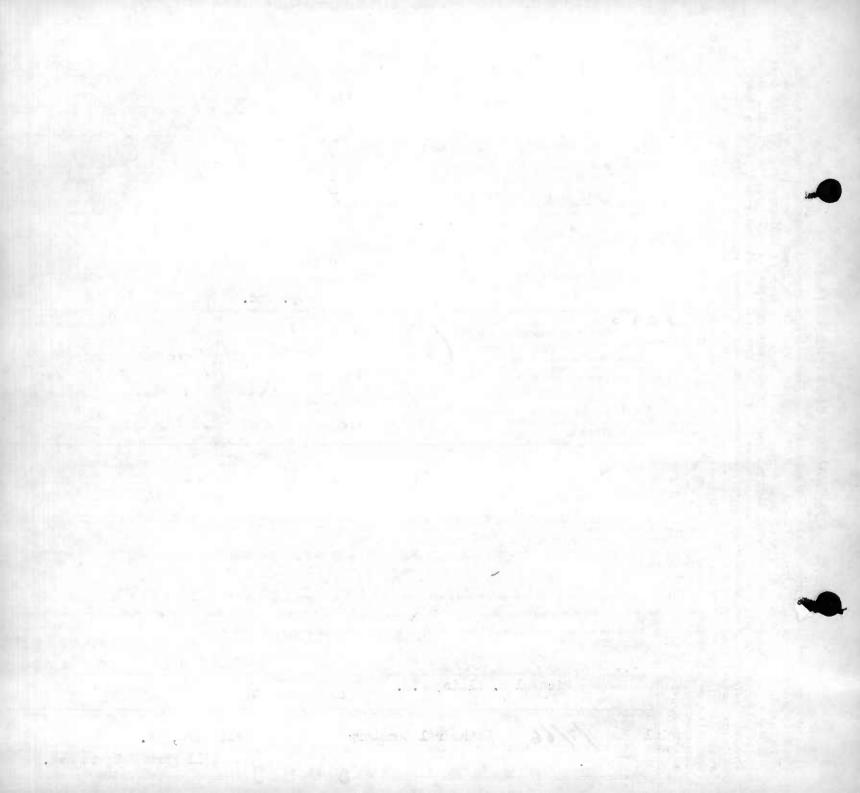
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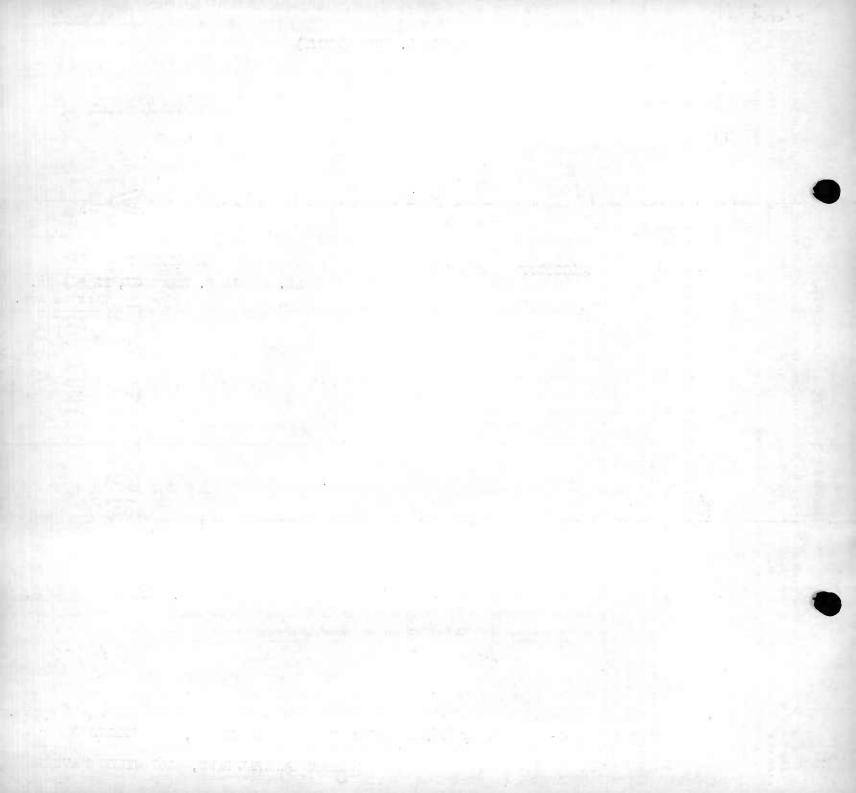
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IN	ISTITUTION	,				RURAL ond give township)
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37	1			3327 W	. Belucdere	
5. SE	X 6. RACE	[7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
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13. F	ATHERS NAME	4		14. MOTHER'S MAIDEN		
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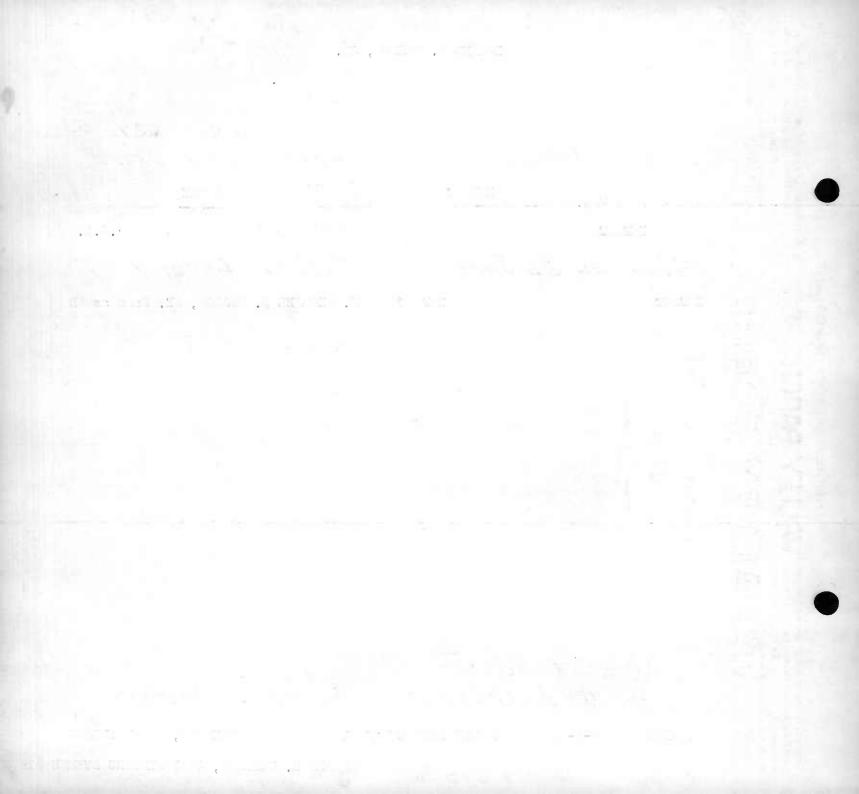
BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

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	pe or Print) BAS	i DE	MICHAEI	L D. DeJAC	U. U.A.	and hour of death $31-66$	5:50
	HOSPITAL OR		ar institution, give st	treet	A. STATE B. COL	UNTY	nstitution: residence before odi
7	INSTITUTION	25011			BALTI	(If rural, give locotion)	29 53-
3	T BON	SECOL		SPITAL	4341	ALAN	DRIVE
5. \$	M	(1)	7. MARRIED, NEVE WIDOWED, DIV INFAN	ORCED (specify)	8-31-66	9. AGE (In years last birthday) 1 DAY	If Under 1 Yr. If Under Months Days Haurs
	O. USUAL OCCUPATION of during most of working INFA	life, even if retired)	108, KIND OF BUSI	NESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	0,0,11
15. Yes	Was Deceased Ever in s, na ar unknown) (If yes	U. S. Armed Ford	Ces? 16. S s of service)	OCIAL ECURITY NO.	17. INFORMANT	- Line	ADDRESS
_	INFANT	, ~~		INFANT	MR. MICHAEL I	De JACO, ST	Same as 4D
				(A)	1/1/27/2000	Comme and	
	(This does not mented failure, asthern injury or complication ANTEC DISEASES OR CO rise to the abounderlying con	EDENT CAUSES ONDITIONS, if over course (A)	the disease, death.)	(B) DUE TO	Grenatu	rely	
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BALTIMORE CITY HEALTH DEPARTMENT 66 08955

BIRTH NO.	MED	ICAL EXAMI	NER'S C	ERTIFICA	TE OF [DEATH Registe	red Na	70000	
M.E. CASE NO.							15-1-5		
1. NAME OF DE	EDWARD	*************************************	WOOI	Y	100	d Hour PRONOUNC		6:45	A _M .
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED D	DEAD	4. USUAL RESID		deceosed lived. If inst	itution: reside		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP)T. ADDRESS OR LOCA	AL OR INSTITUTION, GI	IVE STREET	C. CITY OR TO		e corporote limits, write		give township	p)
	St. Agnes Ho	spital -DOA		D. STREET ADD					
5. SEX	6. RACE	7. MARRIED, NEVER A	MARRIED	8. DATE OF BIRT	Н	9. AGE (In years lost birthday)		Yr. If Under	
Male	White	MARRIED	D (Specify)	2-9-1907		XX 59	TVIOITIII'S D	1 10013	
	UPATION (Give kind of working life aven if relied)	TOB. KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN	OF COUNTRY?	
MA INTENA		GAS & ELEC	CTRIC CO.	MARY	LAND		U.S	S.A.	
13. FATHER'S NAM	ΛE			14. MOTHER'S N					
	JOHN W. V			CHRISTINE	E GOTTLI	EB			
	ED EVER IN U.S. ARMED	s of service) SECU	RITY NO.	17. INFORMANT			ADDRESS		
NO		212-0	0 5- 5148	MRS. LUC	CILLE WO	ODY, 2310 J.	AMES S'	TREET 2	1230
18.	3 X		CAUSE	OF DEATH				NTERVAL BET	
DISEA	SE OR CONDITION DI	RECTLY						JII AII .	PLAIII
(This door	LEADING TO DEATH		(A) Arter	iosclerot	ic and	Hypertensiv	e		
heart failure	, osthenio, etc. It meons	the disease,	Car	diovascul	ar Dise	ase			
	OR CONDITIONS, IF A		(B)			·			
RISE TO TH	HE ABOVE CAUSE (A) S		DUE 10						
	NO CONDITION LAST.		(C)		******************				
을 -	il		100						
	N)FICANT CONDITIONS DEATH BUT NOT RE								
DISEASE O	R CONDITION CAUSING	it.							
O S DATE OF	F OPERATION 198, CON WAS PER		PERATION	20 A. AUTOPS	(? (Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAUS	SES OF DEA	N SIDERED TH?	
1 X	L CAUSE WAS	218 PLACE O	F IN HIRV (a.a.	in or about 21C.	yes	(If in Baltimore City, gi	ue exect les	yes	
UNDERLYING UTING CAL	OR CONTRIB-	home, form, f	factory, street, o	office bldg., INJUR	Y OCCUR?		VE 8.061 106	0110117	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	(Hour) 21 E. INJU WHILE AT WORK	RY OCCURRED NOT AT W	WHILE	OM DID INJU	JRY O CCUR?			
22. cer	tify that I held an I	nguiry Inspec	ction Aut	opsy X an	d that on thi	s basis, death in n	ny apinian		
	Ited fram: Natural ca					Indetermined mann			
	VIX	B	0	CHIEF M	EDICAL EX	AMINER .			
ACTUA		Teller In	9 45	ASSISTANT M	EDICAL EX	AMINER X		DATE SIGN	MED
SIGNAT EXAMIN NAME (NER'S Rudiger	Breitenecker	7	ASSOCIATE A				8/31/66	5
23A, BURIAL CRE		23C. NAME	of CEMETERY	CREMATORY	23 D. L	OCATION (City,	town, or co	unty) (S	tote)
BURL		MT. OI	LIVET CEM	ETERY	В	ALTIMORE.	MAI	RYLAND	
24A. DATE REC'D	BY HEALTH DEPT.	248, NAME OF REGIS			AL DIRECTOR		AD	DRESS	
SF	EP 6 1966 6	0 P. Q ZA	Dry 4.8	HOWAH	D H. HU	BBARD, 4107	WILKE	NS AVENT	UE #
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BIRTH NO. 66 US95				00 11005
M.E. CASE NO.	CERTIFICA	TE OF DEATH		
Type or Print) EM	MA MAY RYLAND		AUGUST 31, 3	
B. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WA. STATE B. CO.	here deceased lived, If	institution: residence before admis
FULL NAME OF (If not in hospital	or institution, give street	MARYLAND		
HOSPITAL OR oddress or locotion			outside city limits, wifte	RURAL and give township)
		BALTIMORE	0	10-06
		D. STREET ADDRESS	(If rural, give location)	
3024 STAFFORD	STREET 21223	3024 STAFFO	ORD STREET, I	BALTIMORE 23
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours M
FEMALE WHITE	WIDOWED	4-29-1879	87	10 01717511 05
OA. USUAL OCCUPATION (Give kind of work one during most at working life, even if retired)	TOB, KIND OF BUSINESS OR INDUSTRY			12, CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		BALTIMORE, MA	ARYLAND	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
WILLIAM	HULTS	ELMIE	RA MASS	
o. Was Deceased Ever in U. S. Armed Ford es, no or unknown) (If yes, give war or date		17. INFORMANT		ADDRESS
NO		100)24 STAFFORD STRE
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.		asculen Il	LICULO	34 900
II.				
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE			
	TED TO THE T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
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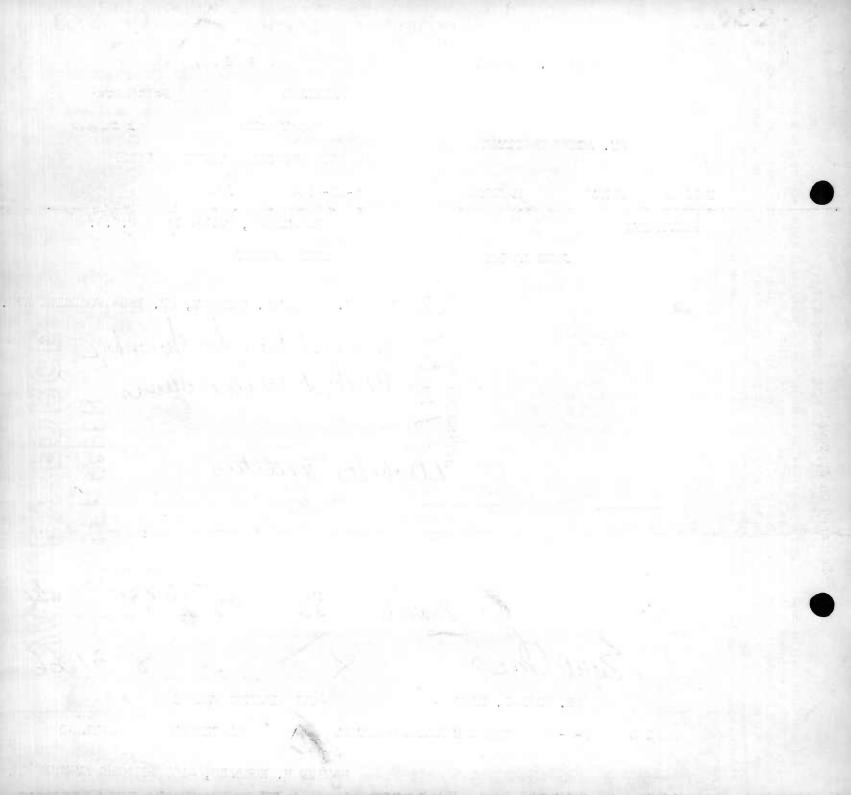
VS 150-REV. 1/1/65

ADDRESS

HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

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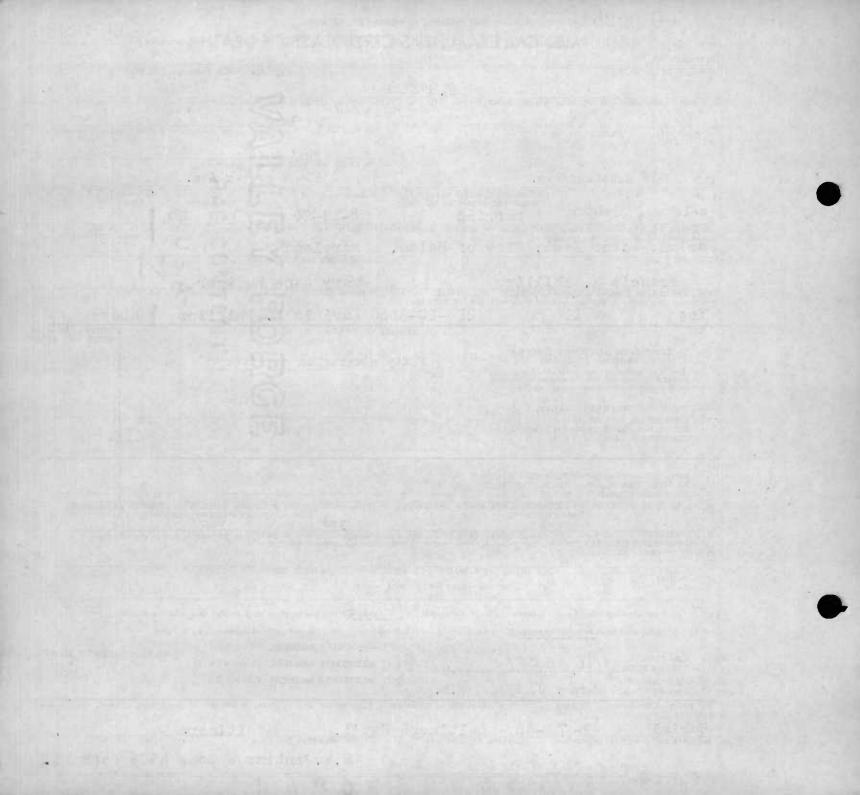
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RTH NO.	MED	ICAL EX	CAMINER'S C	EKTIFICA	IE OF D	EATH Regist	ered Na.
NAME OF DE	CEASED Joseph/S	Smith			2. DATE AND	HOUR PRONOUN	CED DEAD
	A.				Sept	. 3rd. 196	66 8:58 P M.
	TIMORE, MARYLAND, W			A CTATE	ryland	eceased lived. If in B. CO	stitution: residence belore admission)
ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET		NN (If outside ltimore	corporate limits, wri	ite RURAL and give township)
14	Union Ma	emorial	Hospital	D, STREET ADDE	I Harwoo	d Avenue	
sex Male	6. White	Mar:	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	. 1892	9. AGE (In years last bythday)	Months Days Hours Min.
	CUPATION (Give kind of working (ife, even if retired)	k TOR KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	State ar fareign	country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Chemist	Cher	nistry	Baltimo	re, Md	•	U.S.A.
	A. Smith	D FORCES?	16. SOCIAL	Catheri	ne McG	overn	ADDRESS
es, na ar unknawr	(If yes, give war ar date		SECURITY NO.				
Yes	WWI		214-01-430		lia Q.	G.Smith	(Same)
1 1 2	2.1		CAUSE	OF DEATH			ONSET AND DEATH
DISEA	SE OR CONDITION DE	IRECTLY		Antonioso	Jemotie	Cardiovas	milen
(This daes	not mean the made of	dying, e.g., s the disease,	ALXXX	Arvariosc	Tatoere	Garulovas	Curar
injury or co	implication which coused	death.)			D:	sease	
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUS OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST.	ANY, GIVING	(B)			•••••••	
<u> </u>		-	(0)				***************************************
I TO THE	ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T					
19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION	NO NO		OB. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
) UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, factory, street,	in ar about 21C, Wolfice bldg., INJURY	HERE DID (II	in Baltimore City,	give exact lacation)
OF INJURY (APPROX.)	(Month) (Day) (Yea		VHILE AT NOT AT W	WHILE	INTNI DIG MC	Y OCCUR?	
22. I cer	rtify that I held on 1	Inquiry 🗌	Inspection Ty Au	topsy and	that an this	basis, death In	my apinion
	Ited from: Natural ca		ccident Suicid			determined man	
147.			1		EDICAL EXA		
	I had d.	ish	Z - [M.D	ASSISTANT MI	EDICAL EXA		DATE SIGNED
ACTUA		- 1					
SIGNAT EXAMIN NAME (NER'S Werner (Type)	U. Spits	7M. D.S	ASSOCIATE M	EDICAL EX	AMINER	Sept. 4. 1966
SIGNAT EXAMIN NAME (NER'S WOTTON (Type) EMATION, 238. DATE		C. NAME OF CEMETERY		23D. LO		Sept. 4. 1966 y, tawn, ar caunty) (State)
SIGNAT	NER'S WETNER (Type) EMATION, 23B. DATE (y)	23	C. NAME OF CEMETERY	CREMATORY	23D. LO	CATION (City	y, tawn, ar caunty) (State)
SIGNAT EXAMIN NAME (BA. BURIAL CRE EMOVAL (Specif Burial	NER'S WETNER (Type) EMATION, 23B. DATE (y)	966 N	1	CREMATORY 9.1 24C, FUNERA	23D. LO	cation (Cit	y, tawn, ar caunty) (State)

De terrett finkerstell makel Charles A mortile via control of the land A ST . II . COMMENT THE COMMENT OF MANY MANY MANY MANY A CONTRACT OF THE PARTY OF THE

66 08961

BIRTH NO.		WEDI	CALEX	AMINER 5 CI	EKTIFICATE OF	DEATH Registe	red No.
M.E. CASE							
(Type or Pri	OF DECEASED					NO HOUR PRONOUNC	
2 8 4 6 5 1	NI BALTIMA ORE MAAR	VI ANIP MAIN		es F. Phillip		9/3/66	1010
3. PLACE I	N BALTIMORE, MAR	TLAND, WH	TERE PRONOU	NCED DEAD	A. STATE	B, COL	itutian: residence befare admission) JNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				TION, GIVE STREET	Maryland c. CITY OR TOWN (If outsi		RURAL and give township)
M. Olek					Baltimor D. STREET ADDRESS (If ruro		
00	334 Rossit	er Ave			334 Ross	iter Ave.	
5. SEX male	6. RACE Whi	į.		NEVER MARRIED DIVORCED (specify)	8-14-26	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
					11. BIRTHPLACE (State or forei		12. CITIZEN OF
HOP I	most of working life, eve mWater	Dent.	City	of Balto.	Maryland		WHAT COUNTRY?
13. FATHER		Dopo,	0103	01 201,000	14. MOTHER'S MAIDEN NAM	1E	ODA
T.	Imanata V	Dhall	7.4		Maron Tona D		
15. WAS DI	rancis X	S. ARMED	FORCES?	16. SOCIAL	Mary Jane R	udiger	ADDRESS
	nknown) (If yes, give		of service)	SECURITY NO.	O T T	73	
Yes	WW	11			O Lavinia L.	Phillips	Above Interval Between
DISE RISE UNI OTH	DISEASE OR CONDITION does not meen the foilure, asthemic, etc y or complication white ANTECENDEN EASES OR CONDITION TO THE ABOVE CA DERLYING CONDITION HER SIGNIFICANT CO THE DEATH BUT EASE OR CONDITION	on DEATH mode of It means ch coused do IT CAUSES ONS, IF AN USE (A) ST/ ON LAST.	dying, e.g., the disease, eath.) NY, GIVING ATING THE	(B)	alteration of 1	iver	ONSET AND DEATH
19A. D.	ATE OF OPERATION		TION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	
UNDER	CAUSE OF DEATH	-	21 B. I home, etc.)	PLACE OF INJURY (e.g., farm, foctory, street, c	fice bldg. INJURY OCCUR?	(If in Boltimore City, gi	ve exact lacation)
OF INJ	URY	ay) (Year)		HILE AT NOT WAT W	21F, HOW DID INJ	URY OCCUR?	
SI E:	I certify that I have resulted from: N	oturol cou	quiry [Inspection Autoccident Suicide	opsy X and that on th	XAMINER X	
	71	B. DATE		. NAME of CEMETERY of	CREMATORY 23D.	LOCATION (City,	, tawn, ar county) (State)
REMOVAL							
Buri			.66 I	Baltimore N	at'l. B	altimore	Md.
24A. DATE	CED &	1966 /	24B, NAME	2 Fallson	24C. FUNERAL DIRECTO	R	905 York Rd.
VS 151-RE	V. 1/1/65	1	1 3a		0 0 0 / 4		



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

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DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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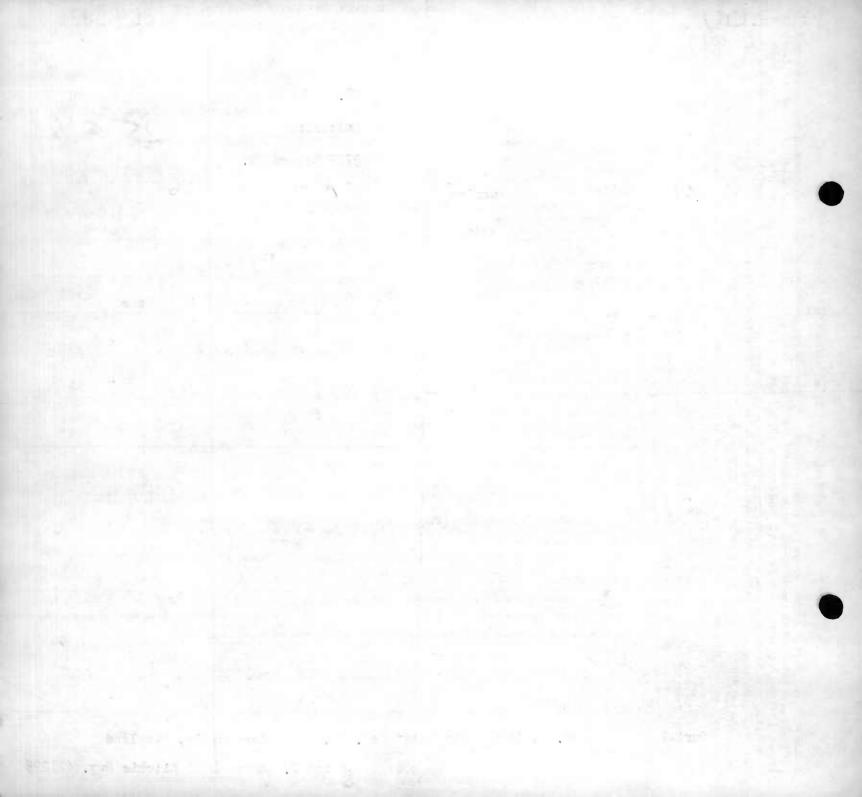
BILLIAM ELBINSON

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ANDA CONWAY

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BIRTH NO.	66 0898	14	CERTIFICA	ATE OF DEATH	DR Registered No:	8. 8
M.E. CASE NO.				2. DATE	AND HOUR OF DEATH	1,50 ,
(Type or Print)	Leurs 1-	ticks		8	129/60	1/000 +
3. PLACE OF D	SEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before odmi
				A. STATE B. CO.	UNIY	
FULL NAME HOSPITAL O	R oddress or locotion		e street		outside city limits write	RURAL and give township)
INSTITUTION	7,			Baltimore	ourside city minus, while	0004
30/1/1001	verity (for	21001			(If rurol, give location)	25 07
Win	ours land	your j		3719 Second	St.	
5, SEX	6. RACE	Z. MARRIED N		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 2
137	White? 6	Marr	DIVORCED (specify)	7-18-40	lost birthdoyl	Months Doys Hours
				Y 11. BIRTHPLACE (Stote or fo	oreign country)	12, CITIZEN OF
done during most	of working life, even if retired)	Aut		Penna.		WHAT COUNTRY?
13. FATHER'S N	AME	Auc	•	14, MOTHER'S MAIDEN N	IAAAE	07.75
I CHILLIAN IN	Igaac 1	- 4			1wzt	
				The		
15. Was Deceas (Yes, no oi unkno	ed Ever in U. S. Armed For wn) (If yes, give wor or date	ces? s of service)	6. SOCIAL SECURITY NO.	17, INFORMANT		ADDRESS
				BEVERLY	HICKL	Same
18. Apr	01.31		CAUSE	OF DEATH		INTERVAL BETWEE
1	ASE OR CONDITION DIE	RECTLY	101	11 11	V	ONSET AND DEAT
	LEADING TO DEATH	Treat.	(A) 1C1	Empeter Secret	disease	15401
	nal mean the made of e, asthenia, etc. It means		DUE TO	10	- /	J
	amplication which caused		(1 Ni	t. Allement	(a. i. d.	21.00%
	ANTECEDENT CAUSES	DUE TO	a joyumane	caracis	- WEEVE	
	OR CONDITIONS, if					
	The above cause (A) NG CONDITION last.	sloling the	(C)			
	11					
O OTHER SIG	II SNIFICANT CONDITIONS C			n/Oni		
TO THE DISEASE OF	DEATH BUT NOT RELA	TED TO THE	/	None		
7	DF OPERATION 198. CON	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes of		FINDINGS CONSIDERED
E &	WAS PERI	POKMED			IN CERTIFYING CA	
OF CONTR	DENT WAS UNDERLYING		ACE OF INJURY Je.g.	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
	tify medical examiner	etc.)	Sill, Idely, Silver	Sings order March Occur:	XIIA	
Q 21D, TIME	(Month) (Day), (Year)	(Hour) 21 E. IN	NJURY OCCURRED	21F. HOW DID I	NAURY OCCUR?	
OF INJURY	NIA	While	At Not Wi	Jidta 11	1/1	
		Work	At Wor		11 51	(0)
22. I certi	fy that (1) this hospital) attended the	T1000/1	- 1. 2. C	19 6 to 0 /	A 1
that (1) (w	e) last saw the decease	d alive an	0/27/11	9 and	that in (my) (aur) api	inlan death accurred an th
and haur o	and fram the causes stat	red abave. (1) ((We (did) (did nat)	view the bady after deat	h.	
23A. SIGNA	TURE	2	0			23B. DATE SIGNED
1/5	Dullum	2172		ttending Med. Director	Stoff Phy s	8/25/66
23C. PHYSIC	CIANS			23 D. ADDRESS	- //	8
DNAME	llypel) // n	111	M.C	. Alminoin	T. Hani	est.
24A. BURIAL C	REMATION 248. DATE	24C NAM	AE of CEMETERY of C	Mulus	LOCATION (C	ity, town, or county) (S
REMOVAL	L (Specify)				1	
Burial			Glen Haven		len Burnie, h	
	SEP 6 1968	25B. NAME OF	EA O. M.	25C. FUNERAL DIRECT		ADDRESS
		1000000	, SCAPERIA	George a. d	PRICE HOUT RI	Ltchie Hwy. (212
V\$ 150-REV. 1/	1/65			1 V W W		



hospital

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IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

(444)

	66 0898	36	BALTIMORE CITY	HEALTH DEPARTMENT		0:0	0000	0
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered Na.		0896	D_
M.E. CASE N				2. DATE	AND HOUR OF DEATH	1		
(Type or Print)	WALLACE E	RONNEVI			9-3-66		ス・45	- 6
3. PLACE OF	DEATH IN BALTIMORE MA	RYLAND	LLE	4. USUAL RESIDENCE (V		institution; residen	ce before od	missi
				A. STATE B. CO	UNTY			111 2 21
FULL NAN		or institution, gr	ve street	MARYLAND,	BALTIMORE	53-	00	
HOSPITAL		n)		C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give	township)	
				WHITE MAR	SH			
	E JOHNS HOPKI	INS Hos	PITAL	D. STREET ADDRESS	(If rurol, give location)			
33				HAMILTON	PLACE			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	. If Under	24 F
MALE	WHITE	WIBOWED	DIVORCED (specify)	8-21-94	lost bisheloy)	Months Doys	Hours	Min
	CCUPATION (Give kind of work				(I CITITON 6	\ <u></u>	
	st of working life, even it retired)	IOB. KIND OF	POSINESS OK INDUSIKI	II. BIKITITEACE (Store of	toreign country)	12. CITIZEN C	DUNTRY?	
Ilnahle	to Work			Maryland		USA		
13. FATHERS				14. MOTHER'S MAIDEN	NAME	ODA		
Jour	EDWARD BONE	MEVILLE		ESTHER	E. JONES			
					- OUNES			
(Yes, no or unkr	used Ever in U.S. Armed For count (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		452 Ken	WOOD :	RA
Yes	WW I		Unknown	Marian S	Bonneville			P
18.	WW I		Baues o		Pointo ATTTE		VAL BETWE	EN.
	I SEASE OR CONDITION DIR	DECTIVE O	O S. JE O				T AND DE	
DIS	LEADING TO DEATH	VECTEL 1	5 U 4m		0.7	1 1	1 6111 T C	
(This doe	s not mean the mode of	dying, e.g	S S C	ARDIAC ARRE	\$.1		INUTE	
neart tall	ure, asthenia, etc. II means	ine disease	~ \ \ \ \					
Injury ar	camplication which caused		d 8 5	RESPIRATORY	ARREST	3 D.	AYS	
	ANTECEDENT CAUSES		- ACOUNTO					•••••
	OR CONDITIONS, if		Z		00 - D	-		
	The above cause (A)	slaling the	NOTA SES	URNS OVER 4	OP OF RODA	5 D	AYS	
ONDERE	THE CONDITION IUSI.		3 2 3					
Z 071170 0	II	C UENI UENI C	E 31					
2 TO THE	GNIFICANT CONDITIONS C DEATH BUT NOT RELA	ATED TO THE						
OISEASE	OR CONDITION CAUSING I	T.		120 4 41170 Bays /V	Nell 200 as was users	FINIDINGS CC:	CIDERTO	
U 19A. DATE	OF OPERATION 198. CON	FORMED	HICH PERATION	AUTOPST? ITES OF	Not 208. IF YES, WERE	AUSES OF DEAT	H?	
				YES		-) 5	23
, OR CONT	IDENT WAS UNDERLYING	218. I	rLACE OF INJURY (e.g., in the foctory, street, or	n or obout 21 C. WHERE DIE	? (If in Boltimo	ore City, give exo	ct locotion!	
DEATH (otify medical examiner	etc.l	NURSING HO		TON PL. WH	ITE MAR	SH, M	0.
□ 21D. TIME		(Hour) 21E	INJURY OCCURRED		INJURY OCCUR?	0		
OF INJUR	0 -0 -0		e At Not While	le Vy / 10	1 1-0 1.1	0+ +	-	
(ATTROX)	0-70-00 /	/ph Work	At Work	ian fell hu	rue of the	I wali	N	
	tify that XIV (this hospital				19 66 40 S		R 3,19	
that (I) (XX last saw the decease	d alive an	SEPTEMBER	3, 19 66 and	that in (my) (aur) ap	inian death ac	curred an	he d
	and from the causes stat							
23A. SIGN	/	7	(a) (ala) (ala not) (tion the pady atter ded.	1110	238. DATE SIG	NED	
25.4.51514	1/ 1/1	22	AA DO AH	ending Med.	Stoff X	9-3		
K	Acres U. VI	won	Cae Phy	s. Director	Stoff Phys.	9-9		
23C.PHYS	# /T1			23 D. ADDRESS				
ITAN	Rocco A.	MARRES	SE. M.O.	THE JOHNS	HOPKINS H	OSPITAL		
24A, RIIPIAI	CREMATION, 248. DATE	24C NA	ME of CEMETERY at CR	FM ATORY 1945	LOCATION (City, town, or cou	ntvl	Stote
REMOV	AL (Specify)	24C.NA	THE OF CENTERENT OF CR	241	A LOCATION (ony, lown, or cou	111/1	31016
Buri	al 9/6/6	6 Mak	cemie Presh	vterian S	Snow Hill,	Marylan	d	
25A. DATE RE	C'D BY HEALTH DEPT.			yterian S	JOR /	A	DDRESS	
	SED & 1088	1200 B	E. Forbouting	200 St.	Snc Snc	w Hill,	Md.	
S 150-REV.		I DESERVE		John T.	anno on	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A 2.01. W	
V3 IJU-REV.	/ 1/ 03			1 1 11 11				

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66 US96	s rmy	BALTIMORE CITY	HEALTH DEPARTMENT	1	66 08967
WIKITI 140.) (CERTIFICA	TE OF DEATH	Registered Na.	00 00007
M.E. CASE NO.			2. DATE	AND HOUR OF DEATH	
Type or Print) Emmel, Edwin	Conrad			. 3, 1966	9:50 P.
B. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (V	there deceased lived. If in	nstitution: residence before admission
FULL NAME OF (If not in hospital	l or institution,	give street	Maryland	UNIY	Balto
HOSPITAL OR oddress or locotic institution Veterans Administrat	ion Hos	pital	Baltimore	outside city limits, write	RURAL ond give township)
3900 Loch Raven Blvd	1.		D. STREET ADDRESS	(If rurol, give location)	
Baltimore, Maryland	21218		8331 Libert	y Rd	
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
Male Caucasian	Ma:	D, DIVORCED (specify) rried	2/14/96	70	Months Doys Hours Min.
ioA, USUAL OCCUPATION (Give kind of word done during most of working life, even if retired) Farmer		ming	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY? United States
13. FATHERS NAME		- 6	14. MOTHER'S MAIDEN	JAAAE	onited States
George Emmel			Mary Laubac		
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or do	orces?	1 6. SOCIAL	Veterans Hos	dtal Daarda	ADDRESS
Yes 9/27/17-1/1		SECURITY NO.			
18.	.0/17	22 - 444 CAUSE O	Baltimore, Ma	myrand strro	INTERVAL BETWEEN
DISEASE OR CONDITION DE		20-47-4149	, 554111		ONSET AND DEATH
(This daes not mean the made o		(A)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
heart failure, asthenia, etc. It mean injury or camplication which cause	s the diseose,	20110			
		(8) Puli	monary Insuffi	ciency	Days
ANTECEDENT CAUSE		DUE TO			***************************************
DISEASES OR CONDITIONS, if tise to the obave cause (A) UNDERLYING CONDITION tost.		(c) Meta	astatic Bronch	ogenie Carcin	noma Months
OTHER SIGNIFICANT CONDITIONS					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING		1E			
19A. DATE OF OPERATION 198. COI	NDITION FOR	WHICH OPERATION	NO NO	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF		ne, form, factory, street, of	fice bldg., INJURY OCCUR	(If in Saltimor	e City, give exact location)
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S (APPROX.)		nile At Not While	e 🦳		
	Wo			//	
22. I certify that (1) (this hospital				19 66 to Sept	
that (M (we) last saw the deceas	ed alive an	September 3,	1966 and	that in (max) (aur) api	nion deoth occurred an the do
and hour and from the causes sto	ated abave. ((We) (did) (did frot v	iew the bady after deat	h.	
23A. SIGNATURE					238. DATE SIGNED
Walk - Wast	ily	M.D. Atte	ending Med. Director	Stoff Phys.	9/3/66
23 C. PHYSICIAN'S	(1)		23D. ADDRESS		
NAME (Type)	Press	M.D.	Veterans Hosp	nital Ralta	Md
Robert K. 24A. BURIAL CREMATION, 24B. DATE		AME of CEMETERY OF CRE			
	/ 240,14				ity, town, or county) (State)
REMOVAL (Specify) 9/7/	240.1	12.6			ity, town, or county) (Stote)
Bureal 9/1/	66 7	Parkon	red		ity, town, or county) (Stote)
12.4.all 9/7/	66 7	Parkur OF REGISTRAR	250. FUNERAL DIRECT	OR ST.	28 Literary (State)

12: • tacabita Logitali a breit gengal-gengen with-garden and dark the tree being e love a second . - 1000

USUAL RESIDENCE (Where deceased lived, if institution; residence STATE B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 1715-6 35TH ST WATCHTMAN INTERVAL BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (opinion death occurred on the date 23 B. DATE SIGNED written approval eceased shows: MA Was VS 150-REV. 1/1/65

1115 E 357 MR ST

be belong Spece

CARACAMON . MONEY STORY

PERROLE STILLER ON PORTER

AN MARKET THE RESIDENCE OF THE PARTY OF THE

BIRTH NO.

V\$ 150-REV. 1/1/65

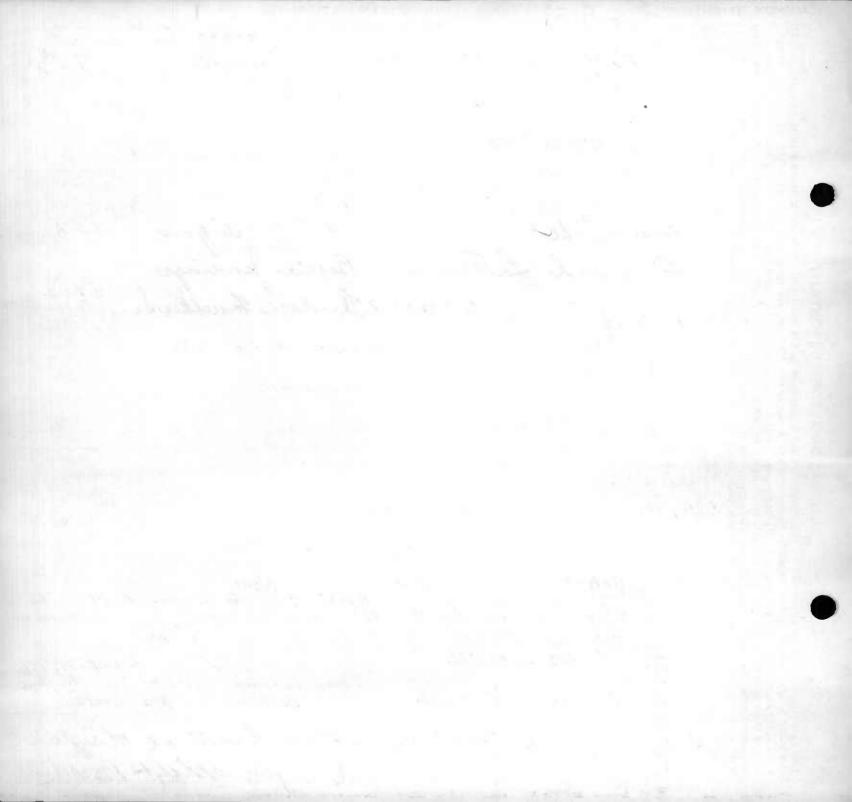
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DIRECTOR:

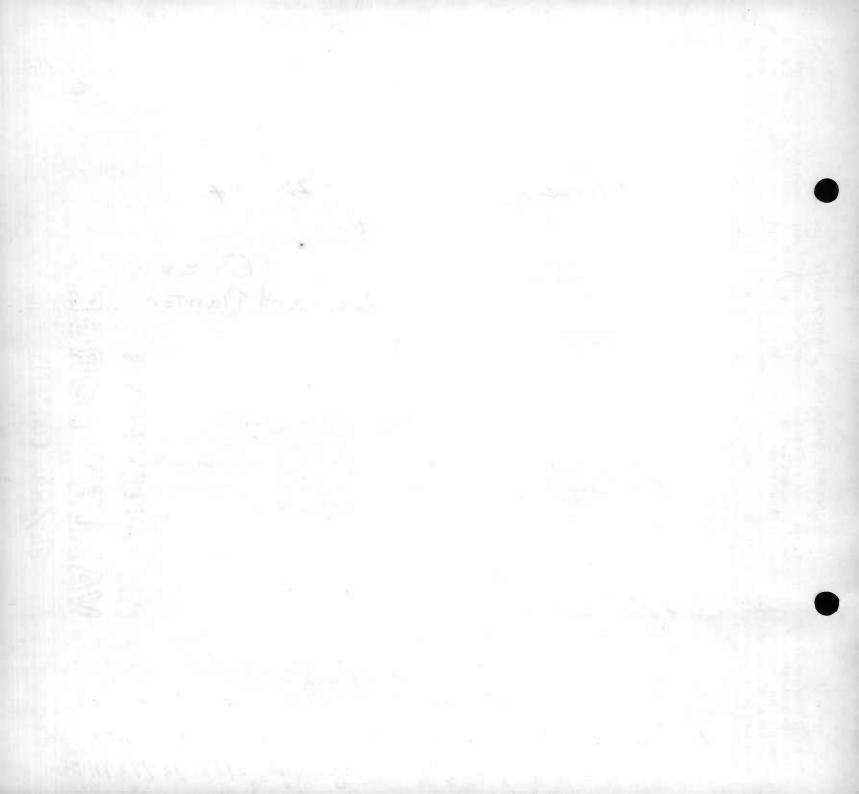
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BALTIMORE CITY HEALTH DEPARTMENT

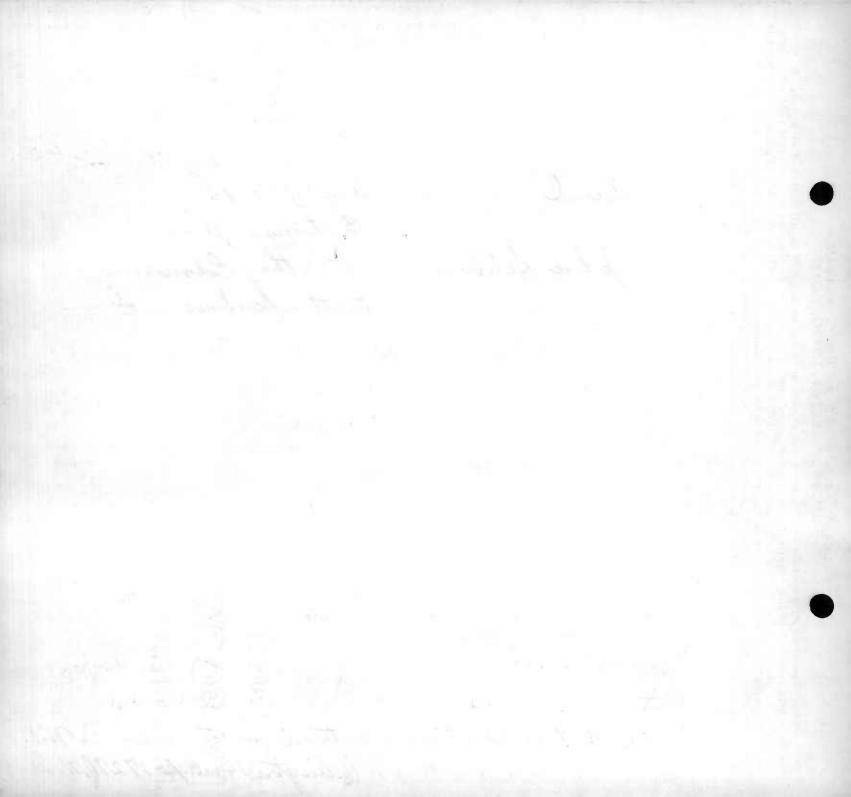
Registered Na.



FUNERAL DIRECTOR:



-51-56	BALTIMORE CITY	Y HEALTH DEPARTMENT		00 100000
BIRTH NO. 66 U8971	CERTIFICA	TE OF DEATH	Registered No	66 08971
M.E. CASE NO. 1. NAME OF DECEASED [Type or Print]	1 1.	2. DATE AN	TO HOUR OF DEATH	115
3. PLACE OF DEATH IN BALTIMORE MARYLAND	scribner	9/0	2/66	8/3/
S. PLACE OF DEATH IN BALTIMORE, MARTLAND		A. STATE B. COUN	TY All lived. If ins	titution: residence before odmissi
FULL NAME OF (If not in hospitot or institu	ution, give street	C. CITY OR TOWN III OU	ul) - 0
INSTITUTION .	Maratas	al is the	rank	URAL ond give township)
33 Johns Hopain	s Hospias		rural give location)	1 11/10
~	V	1206 1116	Elderer C	t. Uft. It &
	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE IIn years lost birthday	If Under 1 Yr. If Under 24 Months Doys Hours Mir
10%. USUAL OCCUPATION (Give kind of work 10B. KIN	OLULA ND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE State or fore	13	12, CITIZEN OF
done during most of working life, even if retired	TO OF BOSINESS OR INDUSTRI	Boot-	200	WHAT COUNTRY?
13. FATHER'S NAME	9	14. MOTHER'S MAIDEN NA	e fre	
2/	. 1	A H	601	/
5. Was Deceased Everin U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	came	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dates of ser	SECURITY NO.	& el	. /	
18. 2 4/ / X I	CALISE	WALLELAND	rebner	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	OAOSE C	or or or		ONSET AND DEATH
LEADING TO DEATH	(A) 10	puration of Cy	inter	
(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the dis	iease,	V		
injury or complication which caused death,)	10)	miten		
DISEASES OR CONDITIONS, if any,	DUE TO	(0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
rise to the above cause (A) stating		estung	88 0x x 0 000 00 000 0 000 0 000 000 00 x 500 0 000 00	
UNDERLYING CONDITION Iosi.				
O OTHER SIGNIFICANT CONDITIONS CONTRIB				media 1
DISEASE OR CONDITION CAUSING IT.	O THE			
198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes of No	IN CERTIFYING CAL	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY le.g.,	in or obout 21 C. WHERE DID	(If in Boltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?		,,
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY [APPROX.)	While At Not Whi			
22. I certify the (1) (this hospital) atten		Olater	19 to Q	12/de 10
that (I) (we) lost sow the deceased alive	012		_ /	ian death accurred on the
and haur and fram the couses stated abo	,			
28 SIGNATURE				23B. DATE SIGNED
Mullellution	M.D. Att	ending Med. Director	Stoff Phys.	9/2/66
23C PHYSICIAN'S NAME (Type)		23D. ADDRESS	11	
J. M. WHTUC	RTH M.D.	Johns Ho	plans Ho	opital
	4C. NAME OF CEMETERY OF CR	EMATORY 24D. L	CATION (Cit	y, town, or county) (Stot
Burial 9/7/66	12 alternare	Hatronal /	alterna	e my
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	000 m. n.	ADDRESS ADDRESS
SEP 7 1966 (P.Q. 69)	5 Clarkon D	Melalgera	4. Therefore	112111, Made
VS 150-REV. 1/1/65		//		



BIRTH NO. MEDICAL EXAMINER 5	CEKTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
Josephine Handy	9/2/66 1:00 p. _{M.}
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland /5.57
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
Tuthowan Hagnital	D. STREET ADDRESS (If rurol, give location)
Lutheran Hospital	3016 Gwynns Falls Pkwy.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 19. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Days, Hours, Min.
female colored Elistowed	March 28, 1991 75
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or force or country) 12. CITIZEN OF WHAT COUNTRY?
Hausewife	Show Hell Frd. States States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Januel Cliston	Lucy William
75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	PINFORMANT ADDRESS HELLE
212-56-014	2 101 in 1 - 1 - 3016 December
IIB.	SE OF DEATH INTERVAL BETWEEN
70010117270	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COPPER	alized arteriosclerosis and pul-
	monary emphysema
injury or complication which coused death.)	monary emphysema
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Fracture of hip, left
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	yes IN CERTIFYING CAUSES OF DEATH?
✓ 21A. EXTERNAL CAUSE WAS UNDERLYING□OR CONTRIB- UNTING□C CAUSE OF DEATH. 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH. etc.) home The property of the propert	3016 Gwynns Falls Pkwy.
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	
(APPROX.) 8 30 66 7./55 WHILE AT NOT	T WHILE X fell to floor
22.	
	ond that on this bosis, death in my opinion
rosulted from: Notural couses Accident X Sylci	ide Homicide Undetermined monner
1 (- 5/2	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Julyne, h	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Homes II Control	ASSOCIATE MEDICAL EXAMINER 9/3/66
NAME (Type) Werner U. Spitz, MD.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burial 4-6-66 arbutu	is Mem Park Daltimore Markend
24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
SEP 7 1966 P 0 60 350 0 4	Asherit & plan is a
1000 (1)	orungeon for Facilities Monra
VS 151-REV. 1/1/65	

20 16 51 35 miles Some thee The Thirty Lucy William Level 9-6-66 Chebreties Man Flesh

BIRTH NO. 66 U8973	BALTIMORE CITY HEALTH DEPARTMENT	Registered No. 66 08973
A.E. CASE NO.	CERTIFICATE OF DEATH	
FULL NAME OF DECEASED FULL NAME OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF DECEASED (If not in hospitol or institution, give oddress or location)	BACH 4. USUAL RESIDENCE (WAR A. STATE B. COUNTY) street	re deceased lived, Af institution: residence before admissionly limits, write BURAL and give township)
5. SEX G. RACE, 17. MARRIED, NEV	1 57. 975 W	rurol, give locotion) 9. AGE (In years If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during mps) of working life, even if retired)	SINESS OR INDUSTRY 11. BIRTHPLACE (State or fore	78
12. FATHERS NAME Unkn	ENES & HALTO 14. MOTHERS MAIDEN NA Chilana	ME
(Yes, no ar unknown) (If yes, give war or dates of service)	12010774 CHARLES E.	LEMBACH BALTO,
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g.,	A SQUD	w/ CHF July 5/1960 10 Aug 6,19
heart failure, aslhenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES	(B)	to Aug 6,19
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CH OPERATION 20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21 B. PLA home, for etc.)	CE OF INJURY (e.g., in or obout 21C. WHERE DID orm, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) IHour) 21E. INJ White A	At Work	
22. I certify that (I) (this hospital) attended the d that (I) (we) lost sow the deceased alive on ond hour and from the causes stated above. (I) (W	9/4. 3 19 6 6 ond th	19 66 to Ateg 6 19 66 not in(my) (our) opinion death occurred on the do
23A. SIGNATURE S. MILLONERS 23C. PHYSICIAN'S NAME (Type) S. IVI'NO B. MIL	M.D. Attending Med.	Stoff Phys. Date Signed 9/6/66.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME DURIAL Specify 9-8-66 LGU 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF RI	of CEMETERY OF CREMATORY DO N PARK EGISTRAR [280] FUNERAL DIRECTO	DALTO ADDRESS ADDRESS
SEP 7 1966 (1.0.95 &	Faloria, John J. (8	Buran & San One)

The Herenal's samply process.

IMPORTANT FUNERAL DIRECTOR:

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VS 150-REV. 1/1/65

M.E. CASE NO. I. NAME OF DECEASED

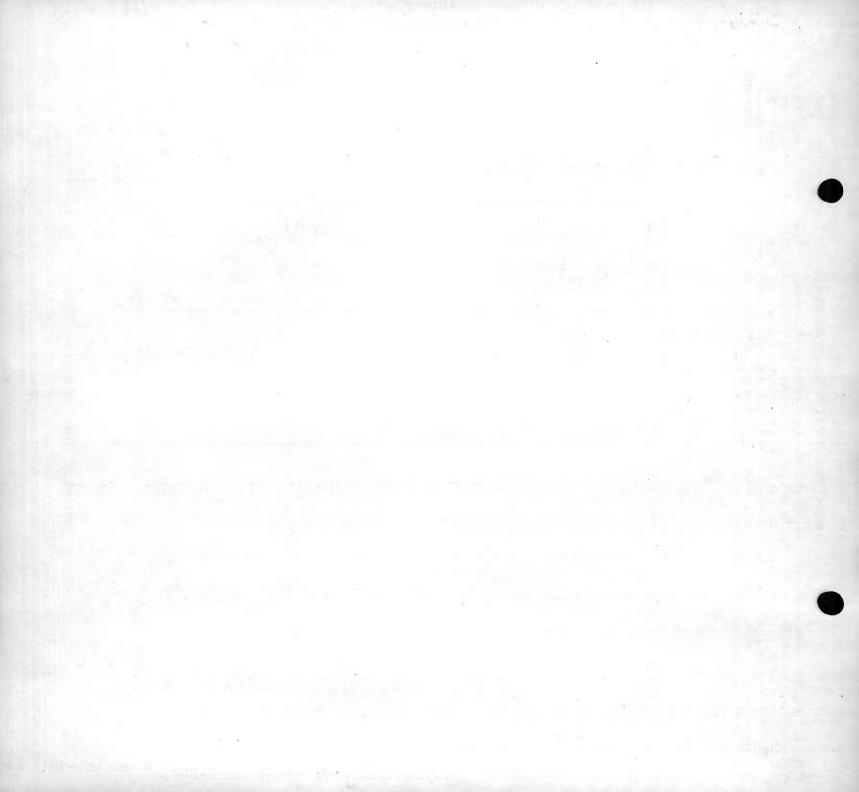
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ANNE ARUNDEL (If outside city limits, write RURAL and give township) 52-00 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 2. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) AUGUST 29 19 66 10 SEPTEMBER 1 19 66 . and that in(my) (aur) aplaian death accurred an the date 23 B, DATE SIGNED BALTIMORE (City, town, or county) Home/Blen Burnie, Md. Singleton Funeral

ACMATRIC III WATER TO BE NOTED.

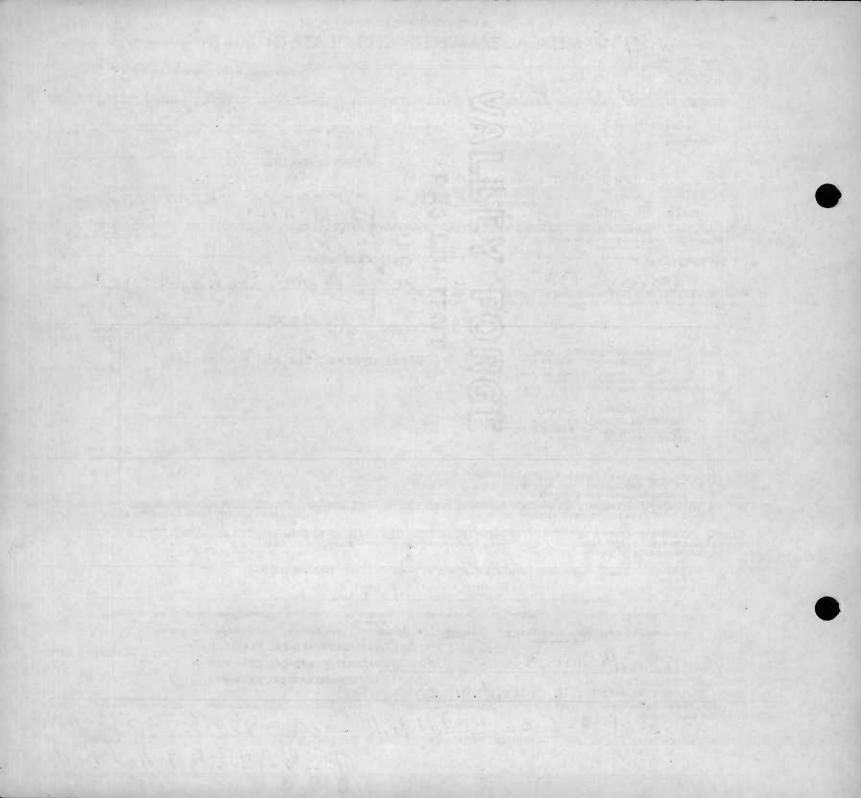
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DIRECTOR:

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	66 0897		BALTIMORE CITY HEALT		DEATHE	66 08977		
	E CASE NO.	MEDICAL	EXAMINER 3 CE	RTIFICATE OF	DEATH Registere	ed Na		
-	NAME OF DECEASED			2. DATE AN	D HOUR PRONOUNCED	DEAD		
(Ту	pe or Print) AA	Onni Econ	Mickey		9/3/6			
3. 1	PLACE IN BALTIMORE, M	ARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where A. STATE		ution: residence before odmission)		
FILL MARKE OF THE NOT IN HOSPITAL OF INSTITUTION CIVE STREET			C. CITY OR TOWN (If outside	e corporate limits, write l	RURAL and give township)			
	W. C.			Baltin	nore	for the same		
a		1.1		D. STREET ADDRESS (If turol,				
7		altimore Gene			rvey St.	4-7-6		
5. \$	male whit	WIDOWE	ED, NEVER MARRIED D. DIVORCED (specify)	9-11-196	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF		
aon	e during most of working life,	even if retired)		Md		WHAT COUNTRY?		
13.	FATHER'S NAME	_ \		14. MOTHER'S MAIDEN NAM	E			
	Yohn	Mich	Ley	VIVIAN S	Schning	cke		
	WAS DECEASED EVER IN			17. INFORMANT	36110110	ADDRESS		
1163	, no or unknown) (If yes, giv	ve wor or deles of service	SECORITI NO.	Entlan		#17		
	1B. //		CALLSE	OF DEATH	556	INTERVAL BETWEEN		
	7911	1	CAUSE	OI DEATH		ONSET AND DEATH		
	LEADING	NDITION DIRECTLY	Viral	myocarditis and	pneumonitis			
	(This does not mean heart foilure, osthenio.	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,						
	injury or complication v	which coused deoth.)		1				
	ANTECENE	DENT CAUSES						
	DISEASES OR COND	OITIONS, IF ANY, GIVIN	G DUE TO	***************************************	• • • • • • • • • • • • • • • • • • • •			
	UNDERLYING COND							
O			(C)					
ATI	OTHER SIGNIFICANT	II CONDITIONS CONTRIBE	ITING					
문	TO THE DEATH B	UT NOT RELATED TO	THE					
CERTIFICATION	19A. DATE OF OPERATIO		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	DINGS CONSIDERED			
Ö	2	WAS PERFORMED		yes	IN CERTIFYING CAUSE			
AL	21A. EXTERNAL CAUSE	WAS 2	18. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID		exoct location)		
EDICAL	UNDERLYING OR CONT	ATH.	ome, torm, toctory, street, of tc.)	hee bidg., INJURY OCCUR?				
Z	21D TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?			
	OF INJURY (APPROX.)		WHILE AT NOT V					
	22.		m. WORK AT WO					
		held an Inquiry	Inspection Auto	opsy x and that an th	is basis, death In my	apinian		
	resulted from:	Natural causes	Accident Suicide	Hamicide	Undetermined manner			
	1,,		(),	CHIEF MEDICAL EX	AMINER	DATE CICHED		
	SIGNATURE	ungh.	2 / (-11)	ASSISTANT MEDICAL EX	AMINER 3	DATE SIGNED		
	EXAMINER'S		Mode	ASSOCIATE MEDICAL EX		9/3/66		
		ner U. Spitz,						
	BURIAL CREMATION,	238. DATE	23C. NAME of CEMETERY of	CREMATORY 23D. L	OCATION (City, to	own, or county) (Stote)		
	BuRia	9-6-66	CedAR Hil	1 Cemetro	BAITO, 2	25 Md,		
244	DATE REC'D BY HEALT	H DEPT. 248, NA	ME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS		
	SEP 7	1966 Relat	5 E. Jalaina	McColly-1	30 E. Fort,	Ave. Balto. 30		
VS	151-REV. 1/1/65	1 K	6 0 0 0	00000				



* 4 and 000000	BALTIMORE CITY	HEALTH DEPARTMENT	1	66 08978
BIRTH NO. 66 U8978	CERTIFICA	TE OF DEATH	Registered Na.	00 00378
M.E. CASE NO. 1. NAME OF DECEASED	<i>b.</i> .	2. DATE AN	D HOUR OF DEATH	
	ARK.		166	1 11 0
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	deceased lived. If in	stitution: residence before admissio
	311	A. STATE B. COUN		R. 11
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress ar location)	ve street		ALT.	10avi
INSTITUTION			ALLS	RURAL ond give township)
31 BALTIMORE CITY 1-	OSPITAL		1	53-00
4940 EASTERN AVENUE, Baltim		D. STREET ADDRESS	rural, give location)	ZIP 21156
	DIVORCED (specify)	- 1	9. AGE (In years lost birthday)	Months Doys Hours Min.
F IN SIN		3/22/00	66	
DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF the during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
DOMESTIC		W S-y-G	ARYLAND	V. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
HARRY CLARK		ANNA R	c 0 0 . /	
	17 -0	10	ERRY	1000000
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT RECURD		40 Easterns Avenue
No	212 323285	Hosp Chi	Ba.	Lto. Md. 21224
18.	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			0	ONSET AND DEATH
LEADING TO DEATH	(A)	arcenome of	adrenal	9 m
(This does not meon the made of dying, e.g.,	DUE TO			
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)		0 10 1	0 0	
ANTECEDENT CAUSES	(B)	relastive to	any + wan	~
DISEASES OR CONDITIONS, if ony, giving	DUE 10	A	1	
rise to the above cause (A) stating the	(c) G	ran neg Sepu	•	
UNDERLYING CONDITION Iasi.		1 1		
II.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	THICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
		YES	IEO	
OR CONTRIBUTING CAUSE OF Shome	PLACE OF INJURY (e.g., in t, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Bottimor	e City, give exact location)
DEATH (notify medical examiner) etc.)				
W OF MILLIAN	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₹ (ARREOV)	e At Not Whil	e		
Worl		2/10 0/10	. 7.0	9/2 60
22. I certify that (I) (this hospital) attended th		1 6	19 66 ta	19 66
that (I) (we) lost sow the deceosed alive on	7/	19 6 6 and th	at in(my) (aur) api	nion death occurred an the d
and hour and from the couses stated above. (1)	(We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
10/2 Hank	M.D. Atte	mding Med. Director	Stoff Phys.	Phile
23C. PHYSLETANS			etenn Aren	10 Polito Md. 2720
NAME (Type)		4740 1	ROLINE ST	ie, Balto Md, 2122
ALLEN GINSBERG	M.D.	9 - 1		Ditt
DEALOVAL (Specify)	ME of CEMETERY OF CRE			ity, town, or county) (State)
Burial 9-6-66 Asb	ury Cemeter	у 101	erey, part	o,. Co. Md.
SA. DATE REC'D BY HEALTH DEPT. 258. NAME O	FREGISTRAR	25 JUNERAL DIRECTO	C. M	€ 578 WDDRESS
SEP 7 1966 (P.D. Jr. 8	SELGORA)	O SHITH LUCYCEY	Ch Melles	lewiddle St
46000		Man Prance	P H. Hellie	- STOOTE OF

and produced the Add . . Aven Been 477 CARRY CARRY takingen yez networks to be a born my m - was the year of 4/6 54/20 BIT THE THE ST WIND IN TO Allegania for a contract to

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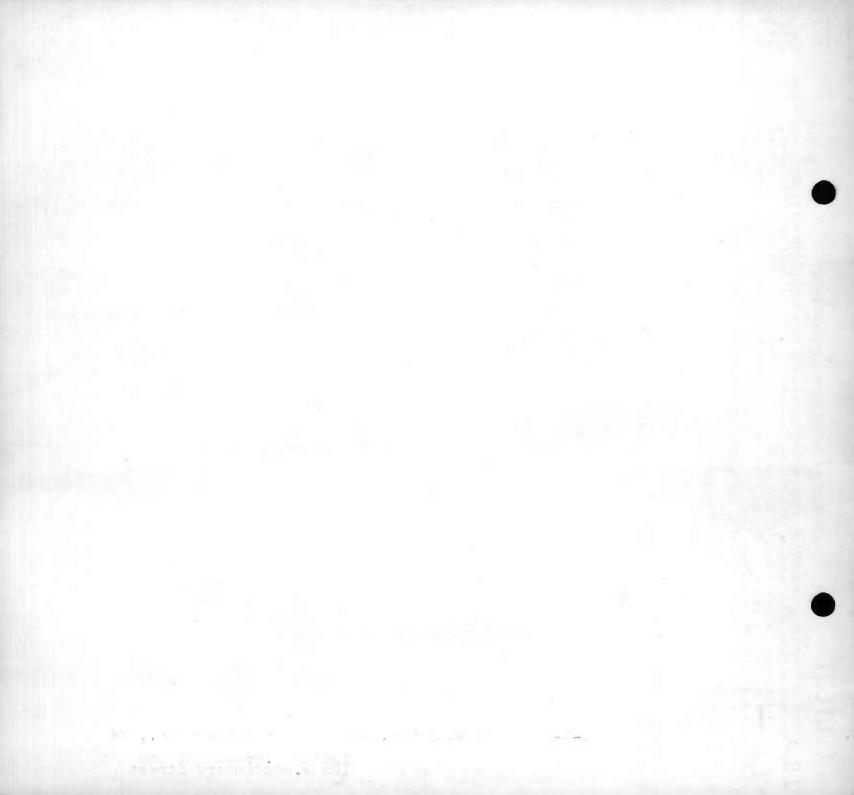
66-1840	BALTIMORE CITY	HEALTH DEPARTMENT		66 08981
ыктн но. 66 08981	CERTIFICA	TE OF DEATH	Registered Na.	00 00001
M.E. CASE NO. 1. NAME OF DECEASED	1 (====================================	2. DATE AN	D HOUR OF DEATH	- 4
(Type or Print) RARI SF	DEII (DEN	NEE) 8/	21/66	9.45 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	LL CIC		e deceased lived. If in	nstitution; residence before admission)
		WINTEN LAND COUNT	IY, BALTIM	IORE
FULL NAME OF (If not in hospital or institution, and oddress or location)	jive street	25/5/4		acce.
INSTITUTION		C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
SINA HOSPITAL		Baltimor	8	13-01
DOLTINOS /	YARULAN		uid, give location)	
BITLI / 190KE	Myluno	2515 EL+K	rw Place	2
	NEVER MARRIED DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	N 79	8/24/66	031 011110071	2
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreig	gn country)	12. CITIZEN OF
lone during most of working life, even if retired)	N.A			WHAT COUNTRY?
3. FATHER'S NAME	N. H	14. MOTHER'S MAIDEN NAM	A E	143.17
or rather a trade			16	•
		Stokes.		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
h m	3.00	mother-Mrs.	SPI=11	2513 ELIAW
11B. 2000	CAUSE OF		11 LL	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		MENINGLT	21	ONSET AND DEATH
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(This does not mean the mode of dying, e.g.,	DUE TO			
heart failure, asthenio, etc. 11 means the disease, injury ar camplication which caused death.)		STREPTOCOC	CAL	
	(8)		In least	Foo
ANTECEDENT CAUSES	DUE TO			
rise to the obove couse (A) stating the	(0)			
UNDERLYING CONDITION lost.	(C)	######################################	• • • • • • • • • • • • • • • • • • •	
ll l				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	÷			
TO THE DEATH BUT NOT RELATED TO THE	£			
194. DATE OF OPERATION 198. CONDITION FOR V	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		YES	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY le.g., in	or about 21C. WHERE DID	(If in faltimore	e City, give exact location)
▼ DEATH (notify medical examiner) etc.)		fice bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E,	INJURY OCCURRED	21F. HOW DID INJU	IRV OCCURS	
S OF INJURY	le At Not While	6	JRT OCCUR:	
(APPROX.) Wor	k Al Work		14.9%	
22. I certify that (I) (this haspital) attended th	e deceased fram	tug. 29 1	9 66 to F	tua 31 19 66
that (I) (we) last saw the deceased alive an	Pue 31	19 6 6 and the	t in (my) (qur) ani	nian death accurred on the da
and haur and fram the causes stated above. (I			(,, (aa., ap	dean decarred on the do
23A. SIGNATURE	(me) (ala hat) Vi	lew the bady after deoth.		23 B. DATE SIGNED
	M.D. Atte	nding Med.	Stoff	238. DATE SIGNED
+ rances Harley	Phy s	Director	Phys.	7/1/66
23 C. PHYSICIAN'S NAME (Type)	X 2	3D. ADDRESS		
FRANCES HARIE) M.D.	Sinai Hos	netal	Roll-marine
4A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CRE		CATION (Ci	ity, town, or county) (Stote)
REMOVAL (Specify)	1 0 1		11	/ (2001)
134Rial 19-2-66 m	It Huburi	U 13A	11to. 1	7cl.
25A. DATE RESTO BY MEALTH GEPT 25B. NAME O	FREGISTRAR	25C. FUNERAL DIRECTOR	3	ADDRESS
	Transport I	DTW. RADON	1450N	108 W. montomer
'S 150-REV. 1/1/65				



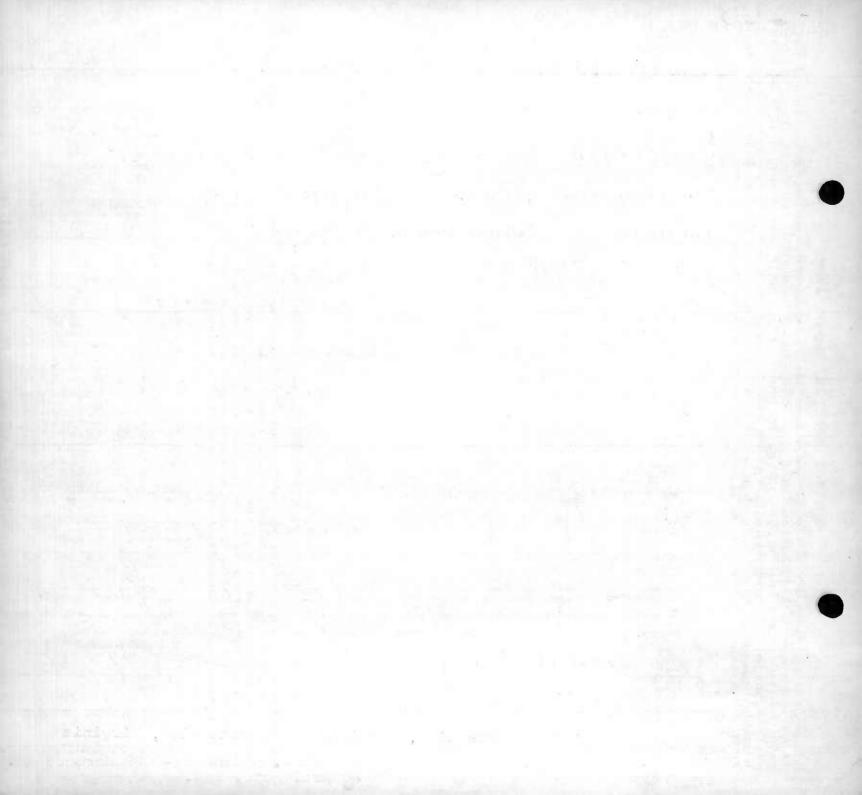
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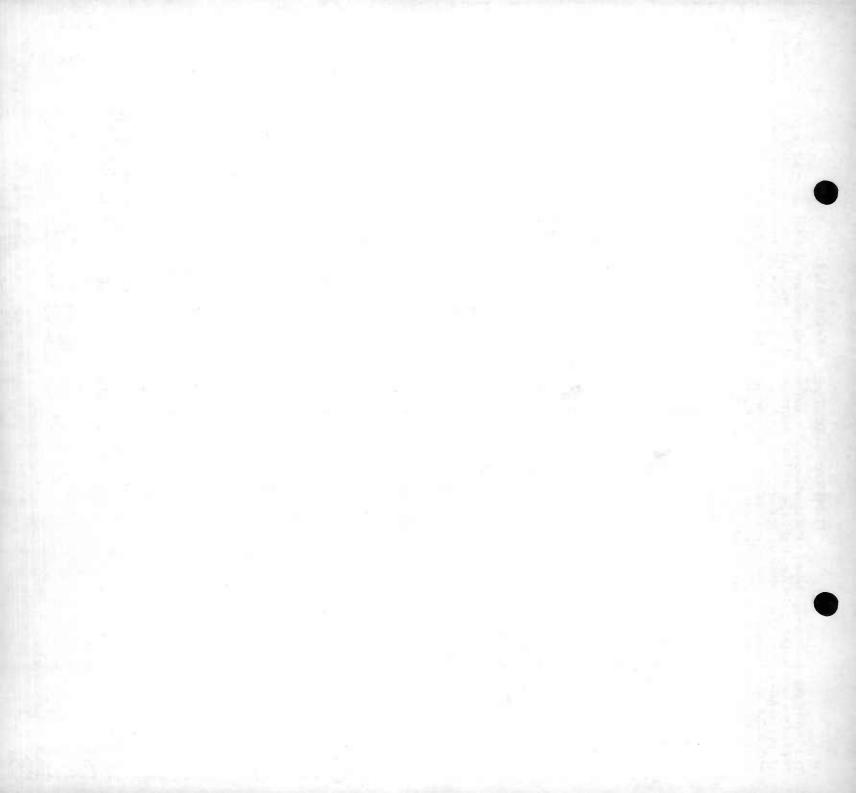
FUNERAL

VS 150-REV. 1/1/65



	66 0898	3	BALTIMORE CI	TY HEALTH DEPARTMENT		66 08983
BIRTH NO.	00 0000		CERTIFIC	ATE OF DEATH	Registered No	00 00000
NAME OF DEC		D.	. 0		ND HOUR OF DEATH	1:05 0
ype or rann	HACKER	KE	BA GER	TRUDE 9,	13/66	1.05 P.
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh.	ere deceased lived. If ins	titution; residence before admissio
FULL NAME (OF (If not in hospital	or institution.	nive street	BALTIMOR	1=	
HOSPITAL OR	oddress or lacotio		give unest			URAL and give township)
d				MARYLAN	D	TO months (her
8					rural, give location)	
INIVE	NIVERSITY HOSPITAL		405 W. PRATTSTREET			
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
= EM 17LE	WHITE	DIVO		12/21/25	4-1	
	UPATION (Give kind of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
RAP MA	working the, even it rented)	EUTA	W HOUSE	VIRGINIA		U.S.A
3. FATHER'S NA	ME	EUIA	2c0011 m	14. MOTHER'S MAIDEN NA	AME	10:2.11
To 11 31		1110 10 -	(ADDE!	700 170	
JOHN.	G ZCHI			LILIREL	BENTON	ADDRESS
es, no or unknow	d Ever in U. S. Armed Fo n) (If yes, give wor or dot	es of service)	SECURITY NO.	17. INFORMANT		
B.drin			?	HOSPITAL	CHAR	
1B. 5 5	1.1 1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY		00 0.	1 1	ONSET AND DEATH
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	mplicalian which caused		1	0 00 00 00	Commenter	
	ANTECEDENT CAUSES		(B) OUE TO	rennec 2	accion	<u> </u>
	OR CONDITIONS, if					
	G CONDITION last.	stating the	(C)			2000 w 0 w 0 u 0 u 0 u u 0 u 0 u 0 u 0 u
011001101111						
OTHER SIGN	II	CONTRIBUTIN	G			
E TO THE D	CONDITION CAUSING	ATED TO TH				
19A.DATE O	F OPERATION 198. COM	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 208. IF YES, WERE F	INDINGS CONSIDERED
2 -	WAS PER	FORMED		40 5	IN CERTIFYING CAL	ISES OF DEATH?
	ENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g	, in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notif	y medical examine	hom etc.		office bldg., INJURY OCCUR		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUP?	
5 01 1113011	1207. (1001)		ile At Not W	hile		
(APPROX.)		Wo				ala C
22. I certify	y that (this hospita	l) attended t	he deceased from	8/15	1966 10	7/0 1966
that (we) lost saw the deceas	ed olive on	9/3	19 66 and t	hot in (my) (our) opin	ion death accurred on the d
and hour on	d from the causes sta	ted above. (1) (Wm) (did) (did) (did)) view the bady after death.		
23A. SIGNAT) (210) (210 110)	y view ine budy dilet doom		23B. DATE SIGNED
100	and c	0. 19	M.D.	Attending Med.	Stoff	9/3/66
22C BHYSICI	1	eu o	1	Phys. Director 123D, ADDRESS	Phys.	1/900
NAME (Type)	1	12		1 +12	Haspita 1
150	rnava	Q u	Duym.	000.	-51/	1102/2/11/1
4A. BURIAL CRI		24C. N.	AME of CEMETERY of	CREMATORY 24D.	LOCATION (Cit	y, town, or county) (State
7)	9/5/6	6 Ga	te City, V	irginia	Gate City	, Virginia
SA. DATE REC'T	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO)R	ADDRESS
			4 4. 12 44	Robert C.	Altenburg-	5009 Harford R
'S 150-REV. 18	62 7 1966 (7746-4	- The Court	Funeral Ho	me, Inc.	
- 130-HE TI 10	124	1007	0			

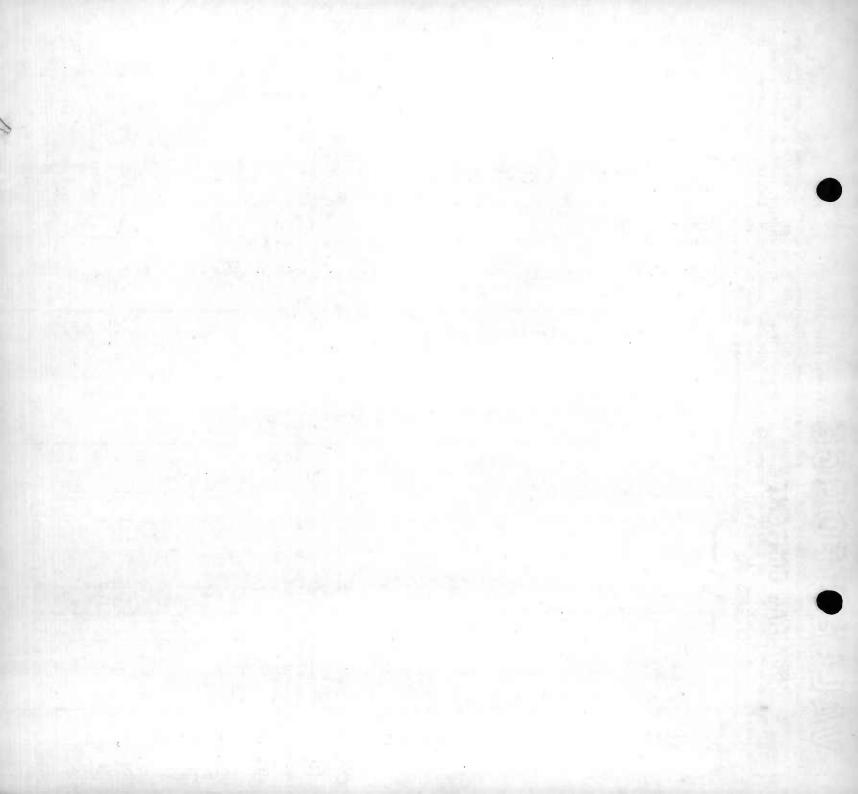




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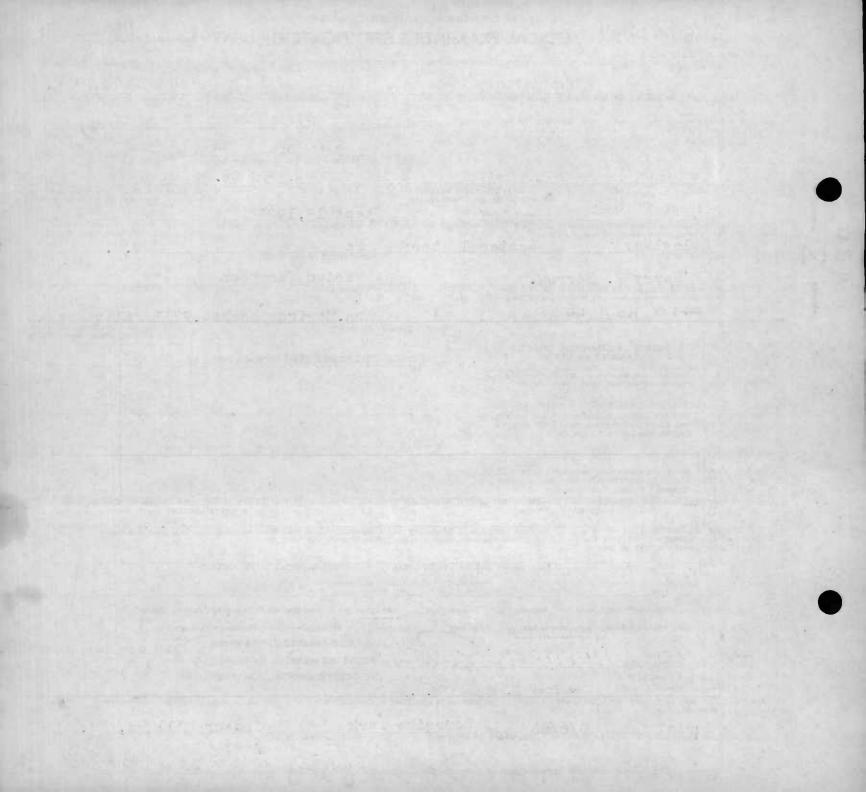
DIRECTOR:

FUNERAL

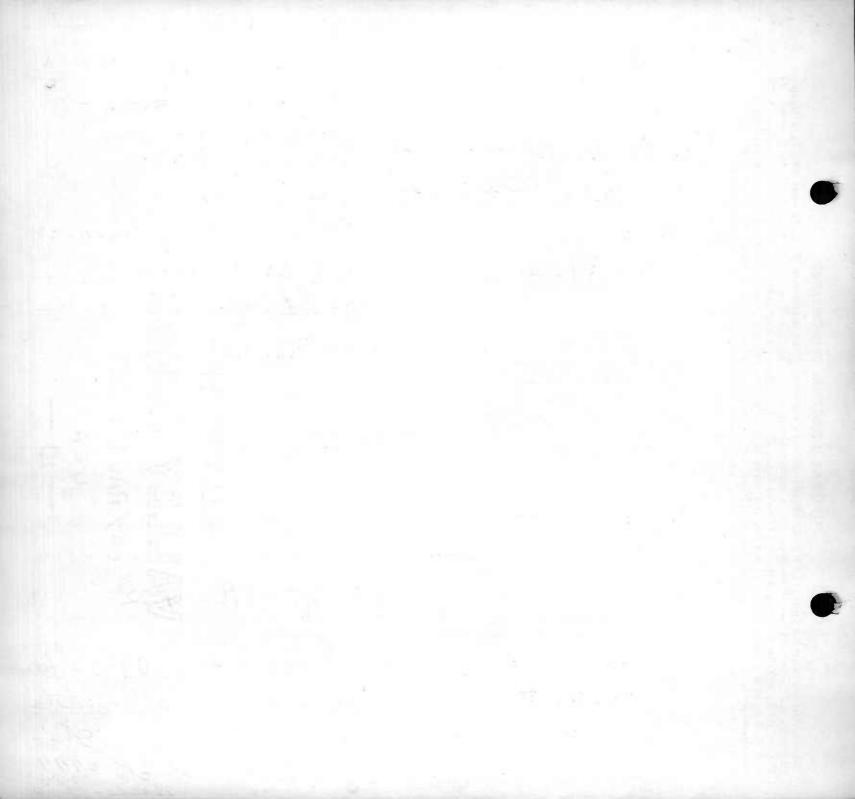


BALTIMORE CITY HEALTH DEPARTMENT

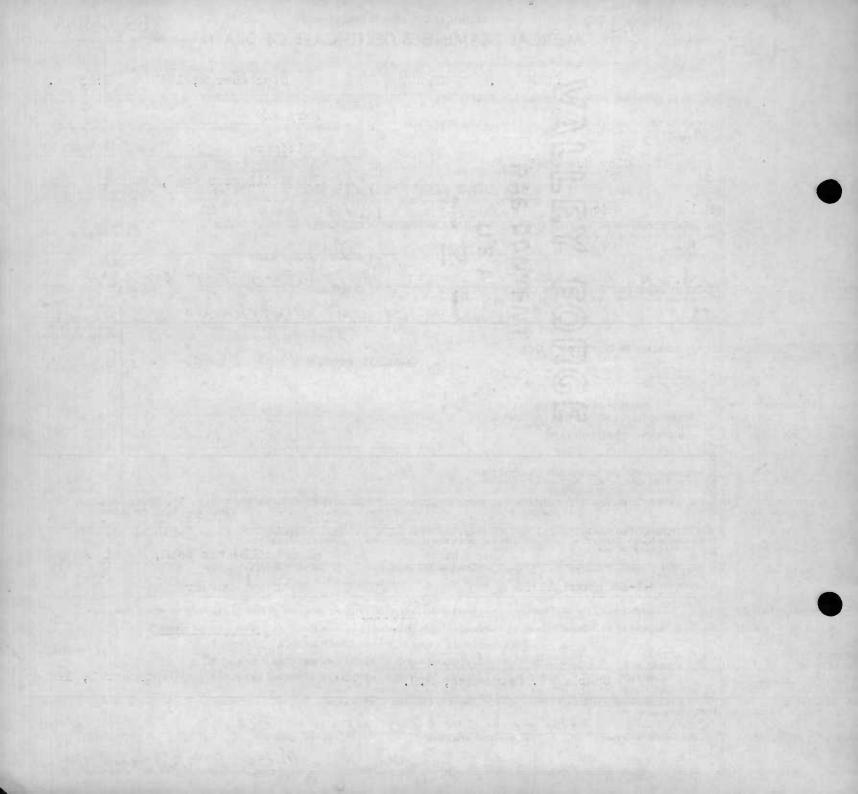
CASE NO.							
AME OF DEC				2. DATE AND	HOUR PRONOUNCE		
	Eve.			11	9/2/66	11:00	P . M.
ACE IN BALT	IMORE MARYLAND,	WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where de	eceosed lived. If insti B. COU	tution: residence before o	dmi s sio n
NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	JTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside	somesta limite urita	BITPAL and sine towns	hial
TUTION	ADDRESS OR LOC	A IION)		C. CITT OK TOWN (II doiside	corporote limits, while	2	ntp)
				Baltimore		0-00	
Time de a		T		D. STREET ADDRESS (If rurol, g			
	on Memorial 1		NEVER MARRIED	832 W. 34th	9. AGE (In years	If Under 1 Yr. If Unde	. 24 H.
			DIVORCED (specify)		lost birthday)	Months Doys Hours	Min.
emale	white	WIDON		Sept 13,1923	42		
	UPATION (Give kind of wo working life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	
lesla		Hentch	nel Store	Pa		U.S.	
HER'S NAM	A E	131 KG		14. MOTHER'S MAIDEN NAME		9-1-1	
Harr	y E. Morro	W.		Marion Thomps	son		
S DECEASE	D EVER IN U.S. ARME	D FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
e-Y25		es or services	?	Mara Maratan Ci		3 362 7	
11 3	WAC -4 2	W.W.		Mrs. Marion She	enan.271	Miles Ave	
791			CAUSE	O. DERTII		ONSET AND	
DISEAS	SE OR CONDITION D LEADING TO DEAT		Acute	interstitial myoc	arditic		
(This does n	not mean the made of	of dvina e.a.	DUE TO	Incerscricial myoc	arurers		
injury or con	osthenio, etc. It meor mplication which coused	death.)					
	NITECENIDENT CALL						
	OR CONDITIONS IF		(B)				
DISEASES O	OR CONDITIONS, IF	ANY, GIVING	(B)DUE TO				
DISEASES O	OR CONDITIONS, IF	ANY, GIVING	(B)				
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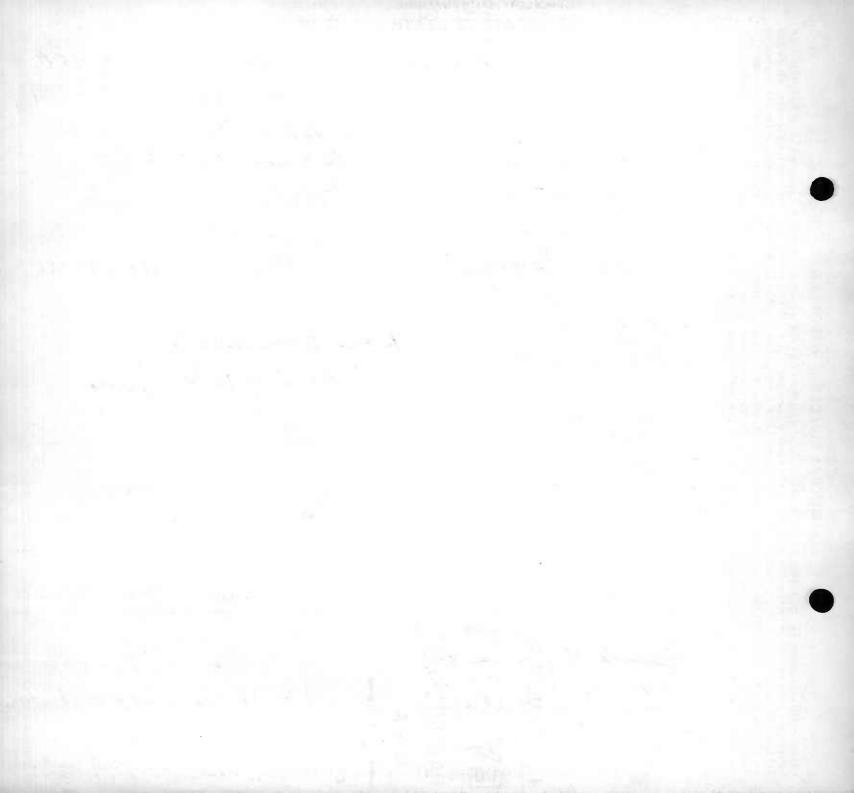
66 08987	BALTIMORE CITY HEALT	1/	66 08987
MRTH NO. M.E. CASE NO.	CERTIFICATE (OF DEATH Registered 1	0. 00 00007
NAME OF DECEASED		2. DATE AND HOUR OF DEA	ATH
Type or Print Stanley , Er	MMA (Mrs. Steve)	2 Sept. 196 JAL RESIDENCE (Where deceased lived.	4.30 A.
PLACE OF DEATH IN BALTIMORE, MARY	LAND 4. USL	JAL RESIDENCE (Where deceased lived. TE, 8. COUNTY	If institution: residence before admission
FULL NAME OF (If not in hospital or address or location)	I C. CIT	Y OR TOWN (If outside city limits, w	ite RURAL and give township)
441	011	Baltimore a	4221
Union Mems	enal Hopp D. STR	REET ADDRESS (If rurol, give location	
		217 Eastern AV	
F. White	WIDOWED DIVORCED (specify)	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work) Ione during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY 11. BIR		12. CITIZEN OF WHAT COUNTRY?
None		Dhio	American
3. FATHER'S NAME	14. MC	THEE'S MAIDEN NAME	
John Broad	way 2 M	latilda Willia	-m s
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give wor or doles	of service) 16. SOCIAL SECURITY NO.	ORMANT	ADDRESS
, , , , , , , , , , , , , , , , , , , ,	MR	S. Pat Cooper	Same
18. 4 5 4 XI	CAUSE OF DEAT	тн	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	CTLY	7. 11.	ONSET AND DEATH
LEADING TO DEATH	(A) Cardi	ac Fibrillation	
(This does not mean the made of d heart failure, asthenia, etc. It means the	ne disease,		
injury or complication which caused d	eath.)		
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if an rise to the above cause (A) s	y, giving taling the (C)		- 4 14
UNDERLYING CONDITION last.			
2 11			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI	D TO THE		
DISEASE OR CONDITION CAUSING IT.	TION FOR WHICH OPERATION 20A	AUTOPSY? I Yes or No. 208, IF YES, W	ERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDI	RMED Embolic R.H.	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBILITING CALLSE OF	218 PLACE OF INJURY le.g., in or obo home, form, foctory, street, office bldg	ut 21 C. WHERE DID (If in 8oli	imore City, give exact location)
DEATH (notify medical examiner)	etc.)	g, morki occur:	
21 D. TIME Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not While At Work	Committee of the committee of	
22. I certify that (1) (this hospital)	10	- 17 1966 10 01	2-02 1011
that (I) (we) lost saw the deceosed		9 and that in (my) (aur)	
			ahiman death accoured on the (
23A. SIGNATURE	d above. (1) (We) (did) (did nat) view the	body after death.	23B. DATE SIGNED
Han Lob	M.D. Attending	Med. Stoff	19-12-16
23C. PHYSICIAN'S	Phys.	Director Phys.	01-02,60
ALA AAE IT	c 1	C L	11
24A SHEIAL CREATERY DATE	W. C.	him Merison	of Haspilal
24A. BURIAL CREMATION. 24B. DATE	24C. NAME of CEMETERY OF CREMATOR	24D. LOCATION	(City, Idwn, or county) (State
Vemoral 7/2-/60	· Nordlawn Ces	n. I dedo	Ohro
25A. DATE REC'D BY HEALTH DEPT		FUNERAL DIRECTOR	address Address
CED # 1000 10	B B. P. Starbours	Halper-tell	rack monro
S 150-REV. 10 65	4 4 4 6	770	Tale do ohio

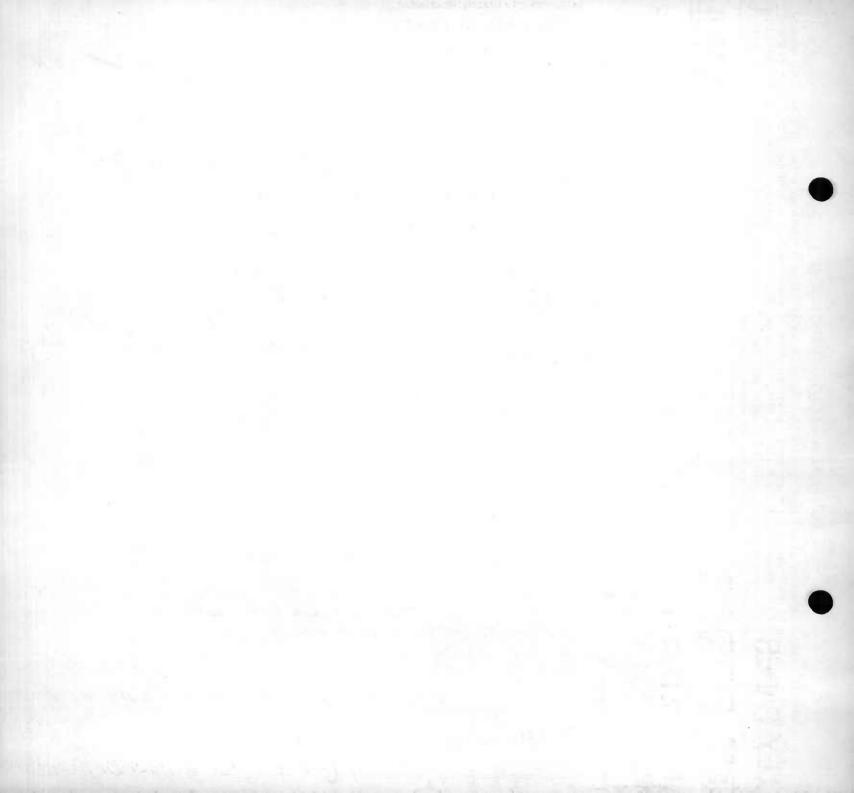


BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICA	TE OF I	DEATH Regi	stered Na		
M.E. CASE NO.									
1. NAME OF DECEA	SED JO	HN B.	KOFSKY			ember 2, 1		9:25	Α.
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESID	aryland	deceased lived. If B. C	institution: resi	dence before	odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TO	WN (If outsid	e corporate limits, v	write RURAL o		
	City Hospit	al		D. STREET ADD	RESS (If rurol,			53-00	
31				30	06 Stil	lwater_Roa	d. Ess	ex	
5. SEX 6. Male	White	WIDO WED, D	NEVER MARRIED DIVORCED(specily)	B. DATE OF BIRT		9. AGE (In year lost birthdoy) 20	rs If Under	r 1 Yr, If Un Doys Hou	der 24 Hrs ors Min.
IOA. USUAL OCCUPA			BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	gn country)	12. CITIZ	EN OF	(?
BODY	MAKER	FISH	ER BODY	MA					
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAM	E			0.4
.) OHN			16. SO CIAL	ELIZA 17. INFORMANT	BETH	+ Mc	G- AA ADDRES	TH	112
(Yes, no or unknown) (If	yes, give wor or dote	s of service)	SECURITY NO.		1.11.7	- 0 1 1 1 1 1	1	mare	cusi
11B.	A		212-74-1677	OF DEATH	WINIE	ERLING		INTERVAL	
NOTHER SIGNIFI TO THE DE DISEASE OR C	men, the mode of thenio, etc. It menos coffon which coused ECENDENT CAUSE CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST. II CANT CONDITIONS ATH BUT NOT REIONDITION CAUSING	the discose, deoth.) S NY, GIVING FATING THE CONTRIBUTING TO THE	(B) DUE TO (C)	not wounds					
	PERATION 198, CON		WHICH OPERATION	Yes		IN CERTIFYING C	AUSES OF DE	CON SIDERED	
UNDERLYING OUTING CAUSE	R CONTRIB-	21 B. F home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	office bldg., INJUR	Y OCCUR?	Of in Boltimore City Llwater Ro		150 A	9-01
ZID TIME IN	Aonth) (Doy) (Year) (Hour) 21	TE. INJURY OCCURRED		ILNI DID WO		au, moo	CA	40.1
	66 about 1:		VHILE AT NOT	WHILE X	Shot by	y brother			
	that I held an 1					ls basis, death i	-	n	
resulted	fram: Natural car	uses A	ccident Sulcid			Undetermined ma	nner X		
ACTUAL SIGNATUR	- Charl	35.1	+ Jack M.D.	CHIEF M	EDICAL EX	_		DATES	IGNED
	's Charles	S. Sprin	ngate, M.D.	ASSOCIATE N	EDICAL E	XAMINER	Septemb	er 2,	1966
23A. BURIAL CREMA REMOVAL (Specify)	TION, 238 DATE	230	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (C	City, town, or	county)	(Stote)
BURIA .	L 9/6/	E E	SACRED OF REGISTRAR	HEAR 124C, FUNER	T S	ALTO.	4	ADDRESS	MO,
The second secon	4000	00 10	a Fredoman	Enn	elly	ans,	300 Ma	ce do	1,2
	7 7				1 1				



	66 08989	BALTIMORE CITY	HEALTH DEPARTMENT		66. 08989
BIRTH NO. M.E. CASE NO.	00 00000	CERTIFICA	TE OF DEATH	Registered Na	00. 00303
1. NAME OF DEC (Type or Print)	Louis	Reinhardt	9-	2-66	13:45 A
FULL NAME OF HOSPITAL OR		AND,	A. STATE B. COUNT	and.	AL ond give township)
South South	Baltimore	GENERAL HOSA	D. STREET KODRESS (III	imore " urol, give location) Electrical	2/2 30. St.
5. SEX	6. RACE 7. 1	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SEND OF RUSINESS OR INDUSTRY		ost birthdoy) Λ	If Under 1 Yı. If Under 24 Aonths Doys Hours M
	working life, even if retired)	Encinerator	14. MOTHER'S MAIDEN NAM	aryland	WHAT COUNTRY?
15. Was Deceased	EVer in U. S. Armed Forces?	nhardt sgrvice) 16. SOCIAL SECURITY NO.	17. INFORMANT MIN	na hi	ic Khardt
B. DISEA	SE OR CONDITION DIRECT	CAUSE OF	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH nat mean the made of dyi	(A) C	LL preus	noma	
heart failure,	asthenia, etc. It means the aplication which caused dea	disease,	inhou of	the lives	CA and .
	ANTECEDENT CAUSES OR CONDITIONS, if any,	DUE TO			, , , , , , , , , , , , , , , , , , , ,
rise to th	e abave cause (A) sta G CONDITION last.				
≥ TO THE D	II IFICANT CONDITIONS CONTEATH EATH BUT NOT RELATED CONDITION CAUSING IT.				
U 19A. DATE OF	OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION MED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED
OR CONTRIBU	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
OF INJURY (APPROX.)	(Month) (Doy) (Yeor) (H	While Al Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
		tended the deceosed fram	/ /		-2 196
	last sow the deceased o	live an 7-2 abave. (1) (We) (did) (did not) vi		t in (our) apinio	on death accurred an the
23A. SIGNATU		1 3/1	nding Med.	Stoff Phys. 23	9-2-66
23C. PHYSICIA	N'S ype)		Can Ll Qal	1-n. n. /	7 - 100
24A. BURIAL CRE	MATION, 248. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (Sto
Durial	96/66	Ballemone Hale	cent Cene. 1	3a Kalerocer	, mld
25A. DATE REC'D	DV MEALTH DER	NAME OF BEGICTORS	DEC SUNIES A STATE OF	7	AMBRECE
SE	tions and the state of the same	NAME OF REGISTRAN	25C. FUNERAL DIRECTOR	130 €.	Fort are

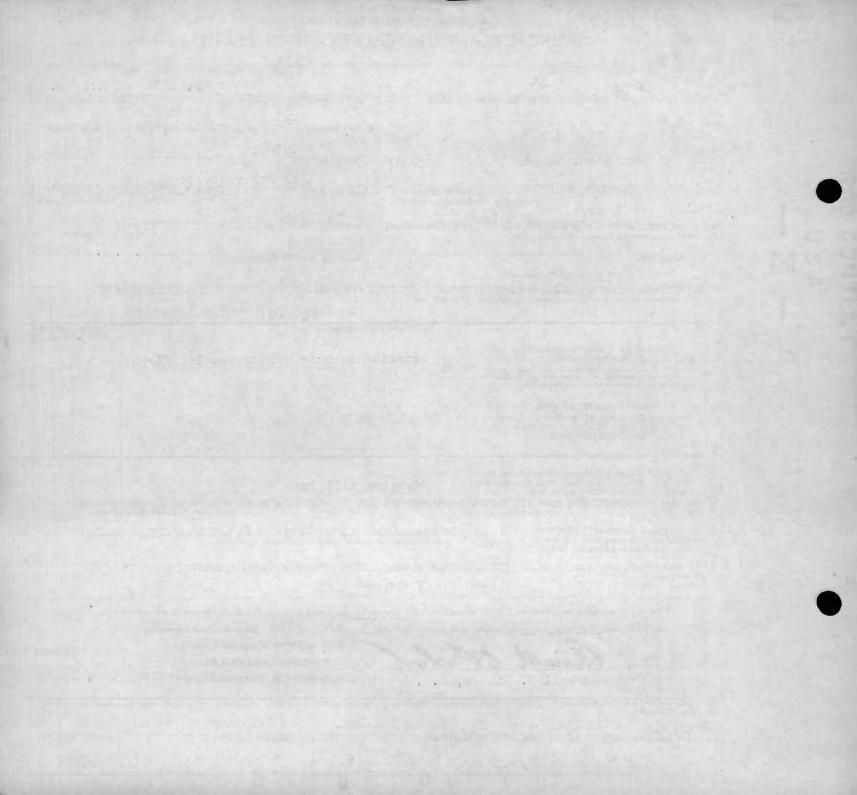




	00 00001	BALTIMORE	CITY HEALTH DEPARTMENT	66 08991
BIRTH NO.	66 08991	CERTIFIC	CATE OF DEATH Registered No	. 00 00001
M.E. CASE NO.	FCEASED		2. DATE AND HOUR OF DEATH	4
Type or Print)	A . A A	EN		
PLACE OF D	DEATH IN BALTIMORE MARYL	AND	SEPT. 4,19	institution: residence before admissio
			A. STATE B. COUNTY	11 03
FULL NAME		institution, give street	MARYLAND,	1600
INSTITUTION			C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
			D. STREET ADDRESS (If rurol, give location)	
2	THE JOHNS HO	PKINS HOSPITAL		
SEX	- I/ 0.4 C5	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	928 WHATCOAT ST.	T ((1) - 3 - 3 V
	1.1111.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify		If Under 1 Yr. If Under 24 H Months Doys Hours Min.
FEMALE		WIDOWED	9-4-02 64	
	of working life, even if retired)	B. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Maryland	U.S.A.
FATHER'S N	AME		14. MOTHER'S MAIDEN NAME	
W	ILLIAM CARTER		MAGGIE WRIGHT	
	sed Ever in U. S. Armed Forces	? [1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unkno	wn) (If yes, give wor or dotes of	SECURITY NO.	W. INFORMANT	755653
NO			Emma Jayral 259	Bethel Court
1B. / S	-1.7	CAUS	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIREC	TLY		ONSET AND DEATH
	LEADING TO DEATH	(A) C	ARCINOMA OF THE URETHRA	1 YEXR
	not mean the mode of dy re, osthenio, etc. It means th			
	omplication which caused de	oth)	UREMIA	3 WEEKS
	ANTECEDENT CAUSES	(B)	VEEMIA	3 WERZ
DISEASES	OR CONDITIONS, if on	y, giving		
	the above cause (A) st	rating the (C)		
UNDEKLII	NG CONDITION last.			
Z	11	AT DIDLITIAL C		
HE OT HE	DEATH BUT NOT RELATE		town FICTULA	3 MINTHS
	OF OPERATION THE CONDITION OF OPERATION 198. CONDITION		AGINAL FISTULA 120A. AUTOPSY? (Yes or Not) 20B. IF YES, WER	E FINDINGS CONSIDERED
38/10/	WAS PERFO	TION FOR WHICH OPERATION	IN CERTIFYING	AUSES OF DEATH?
21 A. ACCIE	DENT WAS UNDERLYING DIBUTING CAUSE OF		A Y C > /L	ore City, give exact location)
		home, form, foctory, streetc.)	et, office bldg., INJURY OCCUR?	
DEATH (no	tify medical examined			
21D. TIME	(Month) (Doyl (Year) (
(APPROX.)			While Work	
22 0000	ify that (1) (this hasnital)	attended the deceased from	0/1/	9/4 1066
			212 11	-1-1
	ve) lost sow the deceased	A . A		pinion death occurred an the o
		obove (I) (He) (did) (did)	et) view the body ofter deoth.	
23A. SIGNA	TURE 1 1 ()			23B, DATE SIGNED
	Edward Ve	flynn) M.D.	Attending Med. Stoff Phys.	Jenx 4 1966
23 C. PHYSIC	CIANS		23 D. ADDRESS	1
NAME	EDWARD 6	OLDBERG .	M.D. JOHNS HOPKINS HOSP.	DALTHARE AND
AA DUDIAL C	7	24C. NAME OF CEMETERY O		BALTIMORK, MO.
REMOVAL	REMATION, 248. DATE	24C, NAME OF CEMETERY O	CREMATORY 24D. LOCATION	(Stole
Buri	al 9-9-66	Mt. Calvery	y Cem. Baltimore,	Maryland
SA. DATE REC	D BY HEALTH DEPT. 2	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	SEP 7 1966 (R	Late, Cole, R.	1 0 General Kekny 135	48 Colhans 4
C 150 PC1/ 1/	71/45		Helicite Weston 121	O CHIDELIA STI



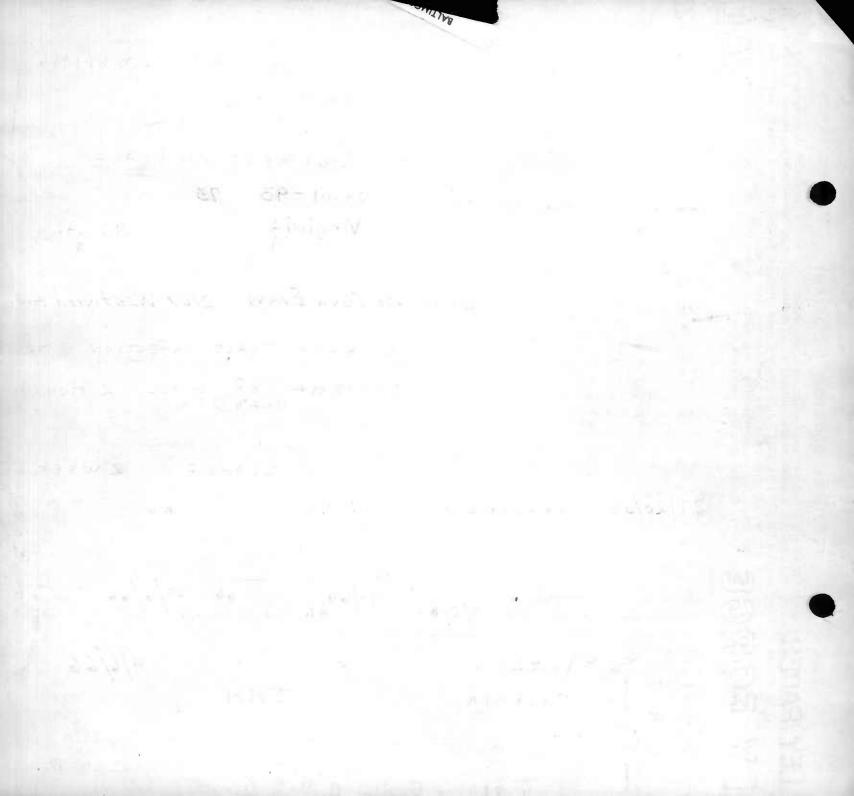
BIR	TH NO.		MEDIC	CAL EX	AMINER'S CI	ERTIFICAT	E OF D	EATH Register	red Na	
	E CASE NO.									
(Ťy	Pe or Print)		HAL	L	TOYER		Septe	mber 5, 19		:19 A
3. 1	PLACE IN BA	John				4. USUAL RESIDE		deceosed lived. If insti	tution: residence	M.
FU HC	LL NAME OF	F (IF NOT ADDRES	IN HOSPITAL	OR INSTITU ION)	TION, GIVE STREET	C. CITY OR TOW		corporote limits, write	RURAL ond give	re township)
3	48	Provide	nt Hos	pital	(DOA)	D. STREET ADDR	ESS (If rurol,			
5.	sex Male	6. RACE Negr			NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy) 72	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
104	.USUAL OC				BUSINESS OR INDUSTRY				12. CITIZEN O	F
don	e during most o	of working life, eve	en if retired)			Maryla	nd		WHAT CO	UNTRY?
13.	FATHER'S NA	AME				14. MOTHER'S MA			1U.S.A.	
		Willi	iam To	ver		Lucy	Chase			
		SED EVER IN U	I.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Olicio		ADDRESS	
(Ye	No or unknow	vn) (If yes, give	wor or dotes	of service)	SECURITY NO.	Doroth	y Toye	r 2632 Ha	rlem Av	renue
CERTIFICATION	DISEASE RISE TO UNDERL' OTHER SI TO THE DISEASE	ANTECENDES S OR CONDITION THE ABOVE CA YING CONDITION GOING CONDITION OF OPERATION	in meons of the coursed do not caused do not causing	THE DISCOSSING THE CONTRIBUTION THE CONTRIBUTION TO THE CONTRIBUTION FOR V	(B)DUE TO	es mellitu	1S (Yes or No)	20B. IF YES, WERE FININ CERTIFYES CAUS	NDINGS CONSI	DERED
A	UNDERLYING	IAL CAUSE WA	AS B-	21 B, 1	PLACE OF INJURY (e.g., form, foctory, street, o	Yes in or obout 21C, W iffice bldg., INJURY	HERE DID	Yes f in Boltimore City, give		
MEDIC	21D TIME OF INJURY (APPROX.) 22. I co	ertify that I hould be ulted from:	Doy) (Year)	m. W		WHILE ORK and	de U	s basis, death in mindetermined mannet MINER X	er 🗌	ATE SIGNED
	EXAM NAME	INER'S R	ussell		ner, M.D.	ASSOCIATE MI			tember !	
	MOVAL (Spec		B. DATE		. NAME of CEMETERY .				town, or county	
	Burial		9-9-66 DEPT.		Mt. Auburn OF REGISTRAR	: Cem .		Ltimore, N	laryland	
		SEP 7	1966	Colub	E. C. P.A	George	e Kelsu	W 1348	N. Ch.	Thoun St
VE	151-PEV 1/	1/45		1 13	6 6 0	000	0 17			



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DIRECTOR:

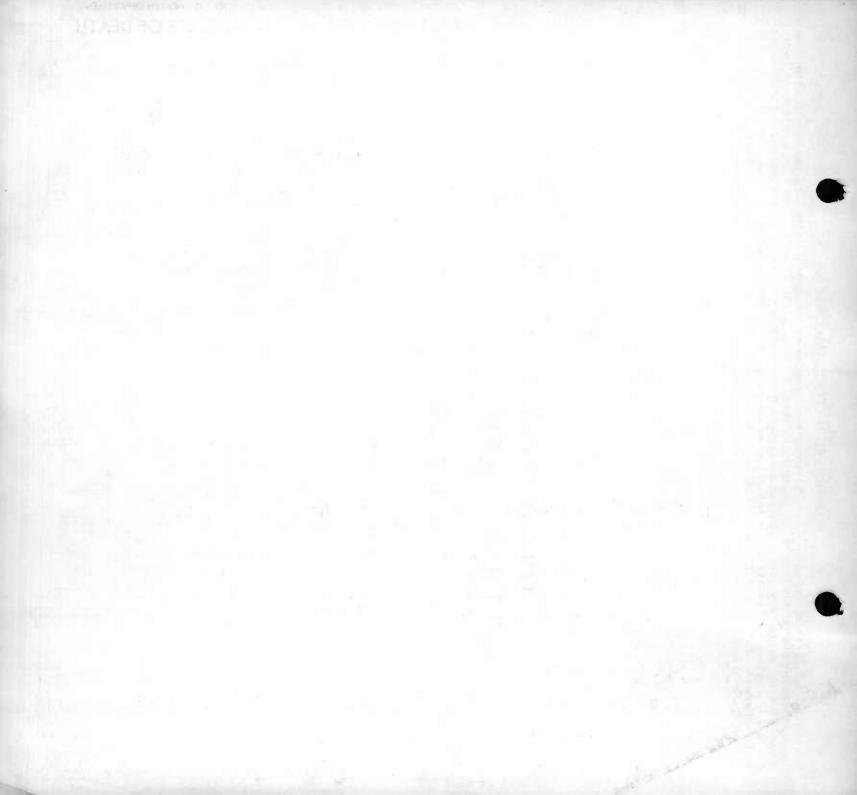
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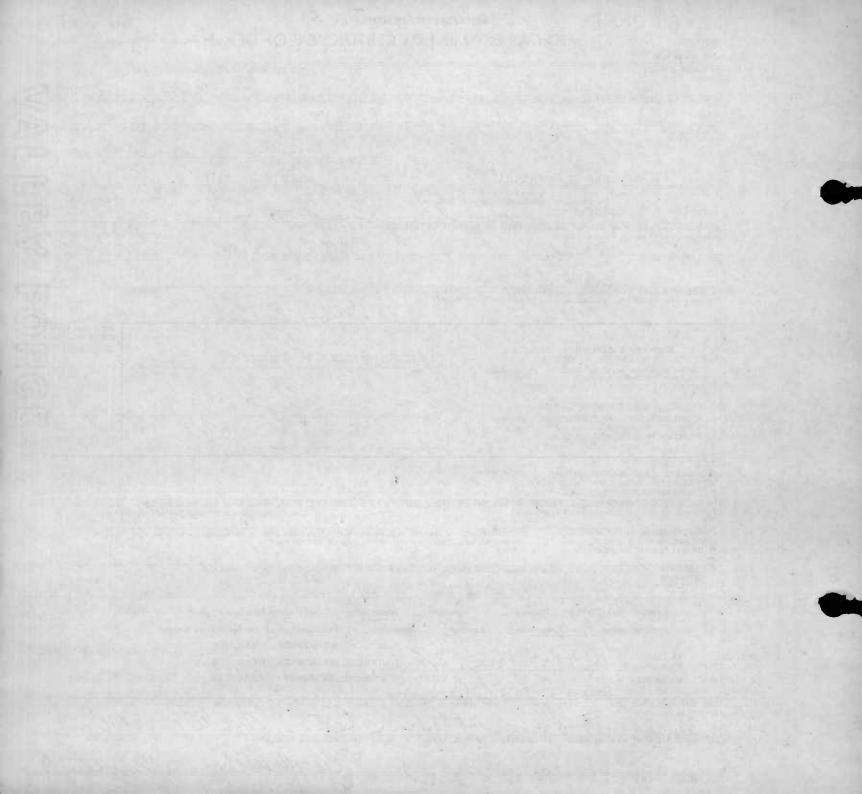
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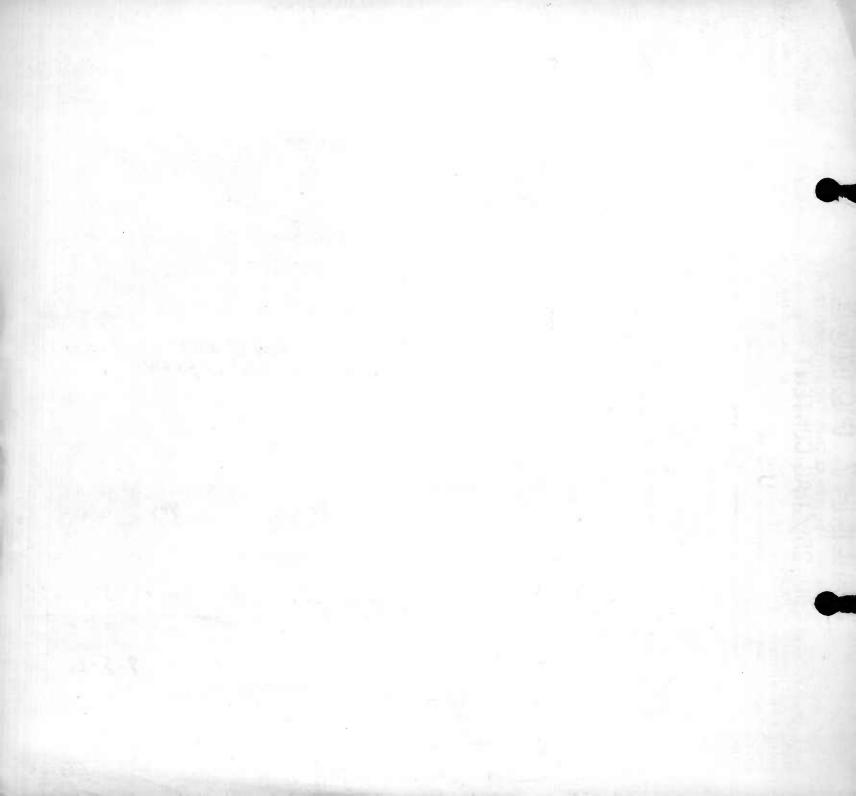


New York was to be A A

66	08330		BALTIMORE CITY HEA				65 08996
BIRTH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICA	TE OF I	DEATH Registe	ered No.
M.E. CASE NO.							
1. NAME OF DE	CEASED				2, DATE AN	D HOUR PRONOUNC	ED DEAD
0.01.4.05.11.0.41	TILLORE ALABAM AND	Otis	Peaks			9/2/60	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE		B. COI	titution: residence before odmission UNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		ryland	e corporate limits, writ	te RURAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	(IION)				7	5-0-2
7					Baltimore DRESS (If rurol,		
	St. Agnes Ho	enital		D. SIRCEI AD			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIE		sefield Rd.	If Under 1 Yr, If Under 24 Hrs
		WIDOWED,	DIVORCED (specify)	01.	10 10	lost birthdoy)	Months Doys Hours Min.
male	colored	ma	Much	July	11-1900	2 64	10 CITIZEN OF
	UPATION (Give kind of working life even if refired)	LIUK KIND OF	BUSINESS OR INDUSTR	BIRTHACAC	E (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
	1 Toxesul			owith	Carole	uce	USH
13. FATHER'S NAM	ME 1			14. MOTHER'S	MAIDEN NAM	E	
	unknow						
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO,	17. INFORMANT	1		ADDRESS
	no			Sara	h 2.	Peaks	Same 0
18.	A. 1.		CAUS	E OF DEATH		EAJUV	INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	DECTIV					ONSET AND DEATH
	LEADING TO DEATH		Acute	myocardi	al infa	rct	
(This does heart failure	not meon the mode of c, osthenio, etc. It meons implication which coused	dying, e.g., the discose,	DUE TO			••••	***************************************
injury or co	mplication which coused	de oth.)					
	ANTECENDENT CAUSI	S	400				
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO				· · · · · · · · · · · · · · · · · · ·
	NG CONDITION LAST.	IA IIIIO IIIL					
8	_		(C)				
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTU	N.C.				
TO THE	DEATH BUT NOT RE	LATED TO T					
E DISCASE C	F OPERATION 198. CON		WHICH OPERATION	20A AUTOP	SY2 (Yes of No)	208 IF YES WERE F	INDINGS CONSIDERED
5 7 DATE OF	WAS PER		WINCH OFERATION	yes		IN CERTIFYING CAU	
ZIA. EXTERNA	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,			(If in Boltimore City, o	rive exact location)
	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJU	RY OCCUR?		
7							
OF INJURY	(Month) (Doy) (Yeo		TE. INJURY OCCURRED		ILNI DID WOH	JRY OCCUR?	
(APPROX.)		m. V	WHILE AT NOT	WHILE D			
22.	tify that I held on I	nguiry	Inspection Au	topsy 🗶 a	nd that on th	is bosis, deoth in	my opinion
	Ited from: Notural co		Accident Suicio			Undetermined monn	
1630	/ Robbier co	0362 [2]	Solcie		MEDICAL EX		61
ACTUA	L HUSM	5 h	7 -/-				DATE SIGNED
SIGNAT	1/	1017	5/ M.C	ASSISTANT			0/2/66
EXAMII NAME (Conthol	MD	ASSOCIATE	MEDICAL E	XAMINER	9/3/66
23A. BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY	1 23 D. L	OCATION (City	y, town, or county) (Stote)
REMOVAL (Specif		11	m+111	1) +		Bo H	6.0
Bury	8 9-6-	-66	19 wen	1 Cerl	1	Jano	Inu
24A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. PONE	RAL DIRECTOR	10	ADDRESS
	SEP 7 1998	Polynd	E. Caloure	XIII.	21/0.11	11 Van 1110	Beneatte
VS 151-REV. 1/1.	/65 .	1 17 /	C A A	O B	100		- terracinger
/S 151-REV. 1/1.	/65 .	1 13 /	0 0 0	0 8 9	1199		



66 08997	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 08997
BIRTH NO. M.E. CASE NO.		ATE OF DEATH	Registered No.	60 00004
INAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) Ridnes 1	MRS. LUVENIA	9-	- 4-66	1 2:20 A
PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence before admission
		A. STATE B. COUN	11	20-02-
FULL NAME OF (If not in hospital HOSPITAL OR address or lacotic	or institution, give street	11101		
INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
		Daltimore	rural, give location)	
But Spaning	Una ! La 1	D. STREET ADDRESS	rural, give location)	. <1
BON SECOURS	170391191	1 da 00 11	CEXINGTON	101.
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthday).	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
F Negro	Widow	5-22-01	6.5	
A. USUAL OCCUPATION Give kind of wor		Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
ne during most of working life even if retired)		8. 11 Can	1	WHAT COUNTRY?
HOUSE WITE		South Car	DIINA	11.0.1.
2 0 1		14. MOTHER'S MAIDEN NAM	VIE .	
BRAILS FARD. JA	mes	Simmons	Ella.	
. Was Deceased Ever in U. S. Armed Fa	1 6. SOCIAL	17. INFORMANT	,	ADDRESS
es, no ar unknown) (If yes, give wor or dat	es of service) SECURITY NO.	not all a	C/ 1	
NO		HamissioN	Oneel	
18. 193. OI		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	44 ANY 114 ANY 154 A	A - DIDIT	1 40
(This does not mean the made of	(A) P/(I)	MARY NLOPLASM TEMPORAL LOB	OF KIGHI	IMONIA
heort failure, osthenio, etc. It means	s the disease,	TEMPORAL LOA	RE OF BRAIL	V
injury or complication which cause	d death.)	CITIONIE ROL		
ANTECEDENT CAUSE	S (B)		**********************	
DISEASES OR CONDITIONS, if				
lise to the above couse (A)	stating the (C)			
UNDERLYING CONDITION last.				
Z OTUSE SIGNIFICANT CONDITIONS	CONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS	ATED TO THE			
DISEASE OR CONDITION CAUSING	IT. NOITION FOR WHICH OPERATION	TODA AUTORSVO (Voc. or No.	1 200 IE VEC MERE EIN	IDINGS CONSIDERED
	REPORMED	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	SES OF DEATH?
	219 81 4 65 05 14111187/) () () () () () () () () () (yes	
OR CONTRIBUTING CAUSE OF	hame, form, factory, street,	in or about 21°C. WHERE DID office bldg., INJURY OCCUR?	(If in Ballimare (City, give exact lacotion)
DEATH (natify medical examiner)	etc.)			
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			7
	Work At Work	0	1/	+ 1- 11
22. I certify that (C) (this hospita	il) attended the deceased from	sept-4	19 6 0 to De	19-6
that (t) (we) last saw the deceas	ed alive on Sept - 5	19 66 and the	at in (aur) opini	an death occurred on the d
and hour and from the causes sto	ated above. (We) (Bid) (did not)	view the hady after death.		
23A. SIGNATURE		The body after deaths	To	38. DATE SIGNED
//	Philna M.D. A	tending Med.	Stoff	0 (11
M.	CHIBIT PH	ys. Director	Phys.	7-3-66
23C. PHYSICIAN'S NAME (Type)	11 011	23D. ADDRESS	1	HILLATIO
	T. CHUNG M.D	130N S	ECOMPS	LOSPILL
A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LO	OCATION (City,	town, or county) (State
REMOVAL (Specify)	11 0- 1 1A	01100+	D. V	m. L
Dineal 9-9-6	16 garelen Juliu	el rope (id !)	Morelle	1111
SA. DATE REC'D BY HEALTH DEM.	258. NAME OF REGISTRAR	250. FUNERAL DIRECTOR	11	ADDRESS
SEP 7 1966	The Contraction of the Contracti	Eleveral 14	Islac 1000	Burntlylan
S 150-REV. 1/1/65		A THE	7000	-



IMPORTANT

DIRECTOR:

FUNERAL

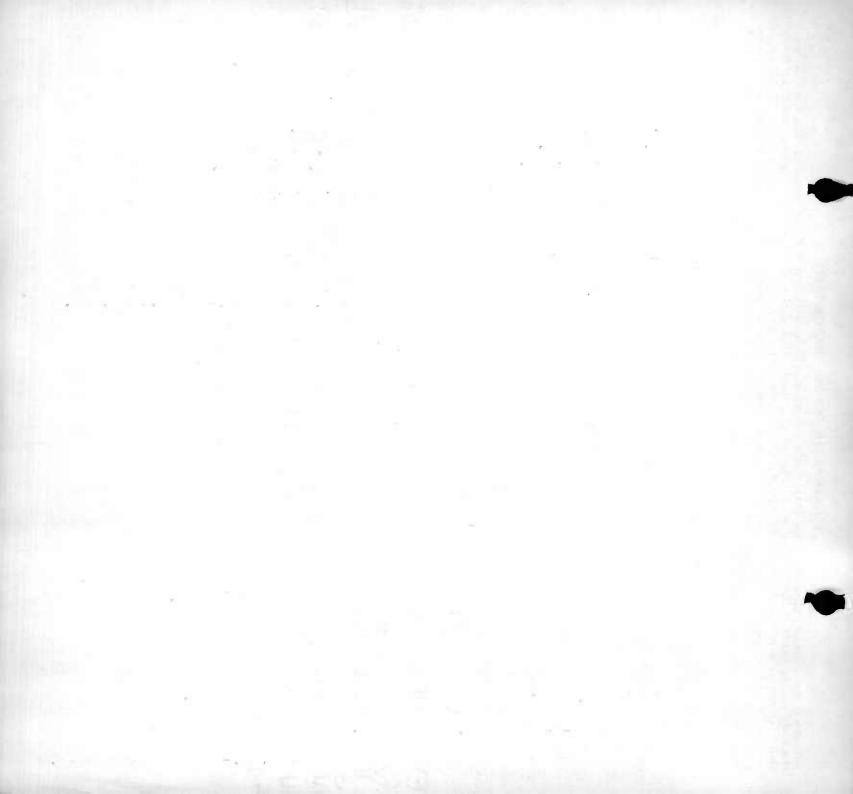
medical

approved

assistant

BALTIMORE CITY HEALTH DEPARTMENT 66 08998 Sept. 4, 1966 | M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before/odmission) (If outside city limits, write RURAL and give Jownship) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? Gen. German Aged Peoples! Appress 22 S. Athol Av. -Balto.. 29, Md. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinfon death occurred on the date (City, town, or county) Caarksville. Md. F. D.-4101 Edmondson Av. VS 150-REV. 1/1/65



M.E. CASE NO.

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

If Under 24 Hrs.

ADDRESS

ONSET AND DEATH

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IMPORTANT

DIRECTOR:

FUNERAL

